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COUNTY COUNCIL OF SALOP

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER
OF HEALTH

1955

COUNTY HEALTH OFFICE . COLLEGE HILL . SHREWSBURY

OCTOBER, 1956

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TO THE CHAIRMAN AND MEMBERS OF THE SALOP COUNTY COUNCIL

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the Health Services of the Council for the year 1955.

To report annually to his Council is listed as the first duty of a Medical Officer of Health. Such a report gives the statistics of the work of the year and these stand on record for future reference and comparison to give information and stimulate progress.

When the figures have been collected and consolidated, they must be studied to see what they show and teach, and initially this is the task of the Medical Officer of Health himself. His first care and constant duty is to advise his Council, and they naturally expect his comments to this end. How much he should write in comment is for his discretion. Some write very little and leave their report almost entirely factual and statistical, and consider this to be the right course. Others may use the opportunity to ride hobby-horses or even to air grievances. Time and paper are costly, and perhaps comment with a purpose is a justifiable compromise. Comment, if it is to be useful, needs prior thought; and should perhaps concern policy rather than detail.

Financial considerations, national and local, and Organisation and Methods are under discussion and review at the time of writing, and these all are in turn related to policy. The Council's programme for new clinic provision, set out in 1947, has—save for Whitchurch—been realised in the new clinic buildings successively provided at Newport, Dawley, Ellesmere and Madeley, and in the extensions to existing premises at Ludlow, Market Drayton and Bridgnorth; all with special consideration having been given, in accordance with the Council's decisions then and in 1953, to the provision of dental bases, well appointed and equipped, to further the "priority" dental services so emphasised by Parliament (pages 21—23).

It seems probable that the clinic at Madeley will be the last of the Council's programme of this series. Whitchurch alone remains unsettled, and the Council's provision of services there has led to much discussion. What should be provided there I believe to be a matter of County and national, rather than of purely local, policy. To co-operate with Hospital Services and share accommodation and costs can hardly be wrong; and efforts have been directed towards planned sharing at Whitchurch, and also at Wellington and Oswestry, at which two latter places substantial extensions of hospital out-patient accommodation might offer the opportunity of shelter for the Council's maternity and child welfare and school health services, with release for other purposes of the Council's existing clinic premises (page 21).

The general medical services provided by practitioners, and our relation to them, are no less important. The conceptions set out in the previous paragraph and the prolonged consideration, with practitioners, of the maternity and child welfare services which are represented at national level in this year of 1956 as requiring urgent attention, have all focussed interest on the mutual relationships of the three parts of the National Health Services. To try to clarify our ideas on this subject is worth-while and opportune (pages 17—18).

Wisdom should stem from experience—"Those who have forgotten their history may have to live it again"—and since much of the questioning may be associated with ignorance or forgetfulness of the past, it has seemed well to restate a little of the history of Local Health Authority services on pages 17 and 18 for those who may be interested. These pages, together with the introduction to the Annual Report on the School Health Services for 1955, are specially commended to our critics. Informed criticism, discussion and even controversy, are wholesome if suitably conducted, and may do much constructive good.

For the rest, annual reports admittedly make difficult reading and are not easy to make attractive. It is conventional in the introduction to indicate the trend of certain important key figures in vital statistics, though these by themselves do not, of course, tell the whole story and much more can be learned by readers who have time and patience to study the details in later pages.

The Birth Rate in the County of 14.78 per 1,000 population compares with the national figure for 1955 of 15.0 and the County rate of 15.07 for 1954.

The Infant Mortality rate for the County for 1955 was 25.23 per 1,000 live births, compared with the national figure for 1955 of 24.9, and the County rate of 24.51 for 1954.

Of the 111 deaths of infants under one year, 65 occurred within the first week of life and included many infants prematurely born or suffering from congenital malformations.

Governmental concern is being expressed in 1956 about "peri-natal" deaths, namely, still-births and deaths of infants within the first month of life; the need for study of these had been appreciated for some time and is being pursued (page 12).

Prematurity is a factor in a large proportion of these neo-natal deaths; and prematurity in turn has maternal toxæmia as perhaps its principal associated condition. The County Health Department in 1954 began to take a very active interest in the prevention of the toxæmias of pregnancy, as was alluded to briefly in my Annual Report for that year. Our efforts were consistently maintained throughout 1955. In the early summer of 1956, further discussions with the Local Medical Committee preceded by a few weeks the publication of a number of Governmental

memoranda and reports on toxaemia and allied aspects of the maternity and child welfare services, stressing the need for effort by, and co-operation between, all the three related parts of the Health Services. We had in fact anticipated many of the Ministerial recommendations by some eighteen months; and shall continue to carry them out as fully as we can (pages 12, 30—31).

Of the 331 premature births, 281 (or 84.9 per cent.) survived the first four critical weeks and had good expectation of attaining maturity.

The County Death Rate for 1955 at 11.14 per 1,000 of population compares with the national figure of 11.7 for 1955, and the County rate of 11.51 for 1954.

The Death Rate for Respiratory Tuberculosis at 0.084 per 1,000 population is once again the lowest ever recorded and compares with the national figure of 0.131 (pages 10, 14, 15, 42—45).

The Ambulance Service made 29,165 journeys carrying 63,658 patients in 1955, as compared with 16,952 journeys carrying 21,926 patients in 1949. The figure of “miles per patient” fell from 28.4 to 15.2 during the same period and the service has been economically run (pages 38—42).

The medical staff position at the time of writing gives ground for qualified optimism. After the “hand-to-mouth” expedients of the post-war years, attention is now being directed to better means of deploying and using our not inconsiderable assets. The dental services still fail conspicuously to attract staff; and allusion is made to this problem in the introduction to my report on the School Health Services for 1955.

Environmental Health Services, largely the concern of District Councils, are dealt with in the later pages of this report, for the County Council have both moral and statutory duties in respect of all matters affecting the County’s health. Good relationships exist between County and District Councils, and between their officers. There have been no further developments regarding “mixed appointments”; the existing ones give satisfaction where the holder enjoys good relationships with the Councils and with the practitioners of the Districts; the best results ensue when all contribute constructive help.

The good work of the Health Department staff, and the ready help and co-operation of the Council’s other Departments, made the year’s work easier and agreeable and are acknowledged.

Liaison with the Hospital and General Medical Services has continued as happily as before; in particular, one appreciates the informal day-to-day approach and enquiries by individual practitioners whom it is a pleasure to try to help. No less does one welcome the increasing part played by both practitioner members of the Council on the Health Committee, and those practitioners co-opted by the latter from the Local Medical Committee and local Branch of the British Medical Association. All of these, and the generous relationships extended to the Department by the Chairman and Secretary of the former body, make contributions to the work of the Health Department which are greatly valued.

The Order of St. John Ambulance Association and Brigade, the British Red Cross Society and their Divisions and Ancillaries, the National Society for the Prevention of Cruelty to Children, the Women’s Voluntary Services, the Diocesan Moral Welfare Associations, representatives of the former Federations of District Nursing Associations, the Women’s Institutes, the Salop Old People’s Welfare Committee and the newer associations for special classes of handicapped persons have all kept in touch with and helped the work of the Health Department and their co-operation is acknowledged with appreciation.

To single out any for special attention may seem invidious, but the Women’s Voluntary Services have indeed given very conspicuous help to the public and the Health Committee with distribution of Welfare Foods (page 26), with Ambulance Car Services (page 41) and with transport to and from the Council’s Occupation Centre at Wellington (page 52).

In conclusion, I wish to express the appreciation of the Department to the Council for the interest they have taken in our work. To the Members of the Health Committee and Sub-Committees I am most grateful for their kindness, encouragement and considerate administration.

I have the honour to be, Mr. Chairman, My Lords, Ladies and Gentlemen,

Your obedient Servant,

T. S. HALL,

COUNTY MEDICAL OFFICER OF HEALTH.

COUNTY HEALTH OFFICE,
COLLEGE HILL, SHREWSBURY.

October, 1956.

HEALTH COMMITTEE AND SUB-COMMITTEES

(As at 31st December, 1955)

HEALTH COMMITTEE

CHAIRMAN:

ALDERMAN THE REV. R. A. GILES, M.A., B.Litt. (Oxon.)

VICE-CHAIRMAN:

ALDERMAN THE RT. HON. THE LORD FORESTER, J.P., D.L.

ALDERMEN:

BLACK, CAPTAIN R. A., J.P., D.L.	STEVENTON, T. O.
BOYNE, THE VISCOUNTESS, C.B.E., J.P., LL.D.	WAKEMAN, CAPTAIN SIR OFFLEY, Baronet, J.P., D.L. (Chairman of Council)
JONES, T., J.P.	WARD, T. C., O.B.E. (Vice-Chairman of Council) (Deceased 7th February, 1956)
MORGAN, J. C., M.B.E.	

COUNCILLORS:

BEALE, REV. W. G., M.A.	PHILLIPS, MRS. L., J.P.
BOWEN, R. A., J.P. (Deceased 13th May, 1956)	RHAIADR-JONES, J. R.
CROFT, E. H.	STEPHENS, MRS. I. E.
HAMAR, DR. L. A.	SHAW, DR. C. W.
JONES, A. H., J.P.	SMITH, C.
JONES, T. H.	THOMAS, E. B., J.P.
MORRIS, MRS. E. L., J.P.	WOOD, A. J.
MORRIS, T. E.	WORRALL, J. N.

CO-OPTED MEMBERS

COCK, MRS. E. M., J.P.	} Nominated by Shrewsbury Town Council
URWICK, DR. R. H.	
GLANDON WILLIAMS, A., B.Sc., M.B., F.R.C.S.	} Nominated by Shrewsbury Local Medical Committee (representing General Medical Practitioners)
POOLER, W. R. H., M.A., M.B., B.Ch., L.M.S.S.A.	
CHOLMONDLEY, MRS. V. M., J.P.	Co-opted member of Health (Nursing) Sub-Committee
WARD, A. W.	Chairman of Health (Water) Sub-Committee

HEALTH (GENERAL PURPOSES) SUB-COMMITTEE

CHAIRMAN OF COUNCIL	JONES, A. H.
VICE-CHAIRMAN OF COUNCIL	MORRIS, MRS. E. L.
BEALE, REV. W. G.	POOLER, DR. W. R. H.
BLACK, CAPTAIN R. A.	RHAIADR-JONES, J. R.
BOYNE, THE VISCOUNTESS	STEPHENS, MRS. I. E.
FORESTER, THE LORD	STEVENTON, T. O.
GILES, REV. R. A. (Chairman)	THOMAS, E. B.
HAMAR, DR. L. A.	WARD, A. W.

HEALTH (NURSING) SUB-COMMITTEE

CHAIRMAN OF COUNCIL	<i>Appointed by Shropshire Nursing Association:</i>
BOYNE, THE VISCOUNTESS	BEATTON, MRS. P.
FORESTER, THE LORD	CHOLMONDLEY, MRS. V. M.
GILES, REV. R. A.	LEIGHTON, MRS. M. E.
HAMAR, DR. L. A.	OSMOND, MRS. D.
MORRIS, MRS. E. L. (Chairman)	STEPHENS, MRS. I. E.
PHILLIPS, MRS. L.	WOOD, MISS N.
POOLER, DR. W. R. H.	SOUTHWELL, HON. MRS. A.
SHAW, DR. C. W.	
STEVENTON, T. O.	
THOMAS, E. B.	
WARD, A. W.	

HEALTH (WATER) SUB-COMMITTEE

CHAIRMAN OF COUNCIL	JONES, T.
VICE-CHAIRMAN OF COUNCIL	JONES, T. H.
BLACK, CAPTAIN R. A.	RHAIADR-JONES, J. R.
CROFT, E. H.	THOMAS, E. B.
FORESTER, THE LORD	WOOD, A. J.
GILES, REV. R. A.	WARD, A. W. (Chairman)
JONES, A. H.	

MEDICAL, DENTAL AND ANCILLARY STAFFS

County Medical Officer of Health and Principal School Medical Officer:

THOMAS S. HALL, *M.B.E., T.D.*, M.D., B.Sc., B.Ch., D.Obst.R.C.O.G., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:

WILLIAM HALL, M.B., B.Ch., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H.

Assistant County, School and District Medical Officers:

ARTHUR C. HOWARD, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H. (from 12th September, 1955)

ALASTAIR C. MACKENZIE, M.D., B.Ch., D.P.H. (from 1st May, 1955)

CATHERINE B. McARTHUR, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

JAMES McGOVERN, M.B., B.Ch., D.P.H. (resigned 30th April, 1955)

PETER G. ROADS, M.D. (Lond.), B.S., M.R.C.S., L.R.C.P., D.P.H. (resigned 31st January, 1955)

MARGARET H. F. TURNBULL, M.B., B.Ch., D.P.H.

Assistant County and School Medical Officers:

KATHLEEN M. BALL, M.B., B.Ch., B.A.O. (Dub.), D.P.H.

AGNES D. BARKER, M.B., B.Ch.

MARGARET E. BUCKLEY, M.B., B.Ch.

ELIZABETH CAPPER, M.B., B.Ch., D.P.H.

FLORA MacDONALD, M.B., B.S., D.P.H.

ALICE N. O'BRIEN, M.B., B.Ch. (from 1st January, 1955)

AUDREY ROSS, M.B., B.Ch. (Part-time)

JEAN E. WEST, M.B., B.Ch. (Part-time)

Principal Dental Officer:

GERALD R. CATCHPOLE, L.D.S., R.C.S. (Eng.)

Assistant Dental Officers:

CHARLES D. CLARKE, L.D.S.

JOHN B. CLARKE, L.D.S.

NOEL GLEAVE, L.D.S.

REGINALD H. N. OSMOND, L.D.S., R.C.S. (Part-time)

GEORGE B. WESTWATER, L.D.S., R.C.S.

Oral Hygienist:

PATRICIA M. E. WILLIAMS (from 26th April, 1955)

Superintendent Nursing Officer, Superintendent Health Visitor and Non-Medical Supervisor of Midwives:

MARGARET M. FOSTER, S.R.N., S.C.M., Q.N., H.V.

Deputy Superintendent Nursing Officer:

FRANCES M. ROGERS, S.R.N., S.C.M., Q.N., H.V.

Assistant Superintendent Nursing Officers:

RYTA M. HUGHES, S.R.N., S.C.M., Q.N., H.V.

DORIS E. PADDON, S.R.N., S.C.M., Q.N., H.V.

MARGARET STEWART, S.R.N., S.C.M., Q.N., H.V.

Lay Administrative Officer:

THOMAS R. BLYTHE

Chief Sanitary Officer:

HAROLD MALLINSON, Cert. R.S.I.

Assistant Sanitary Officer:

DAVID COUPS, Cert. R.S.I.

County Ambulance Officer:

WALTER WALKER

Psychiatric Social Worker:

KATHLEEN CARPENTER

Speech Therapists:

AALISH M. GAWNE, L.C.S.T. (resigned 31st July, 1955)

EDWARD PAULETT, L.C.S.T.

SHIRLEY A. BARNARD, L.C.S.T. (from 1st September, 1955)

Tuberculosis Health Visitor:

MARY DEMPSEY, S.R.N., H.V.

Principal Duly Authorised Officer:

ERNEST A. R. WARD

Duly Authorised Officer:

CHARLES T. FRANCIS

Officers employed by the Birmingham Regional Hospital Board and undertaking part-time duties on behalf of the County Council:

Consultant Chest Physician:
ARTHUR T. M. MYRES, B.A., B.M., B.Ch. (Oxon.), M.R.C.P. (Ed.), M.R.C.S., L.R.C.P.

Chest Physician:
PHILIP E. PERCEVAL, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P.

Consultant Psychiatrist:
JAMES FORD THOMSON, M.B., B.Ch., D.P.M.

Consultant Orthodontist:
BRIAN T. BROADBENT, F.D.S.

Medical Officers of Health of Sanitary Districts

Medical Officer	Districts	Acreage	Population	
			Census 1951	Estimated Mid-1955
<i>Mixed Appointments:</i>				
P. G. ROADS, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H. (resigned 31st Jan., 1955)	Shrewsbury Borough ..	8,118	44,919	46,800
A. C. MACKENZIE, M.D., B.Ch., D.P.H. (from 1st May, 1955)				
C. B. McARTHUR, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	Oswestry Borough ..	2,173	10,712	10,960
	Oswestry Rural ..	61,524	20,746	20,610
J. McGOVERN, M.B., Ch.B., D.P.H. (resigned 30th April, 1955)	Ellesmere Urban ..	1,220	2,163	2,280
	Wem Urban ..	903	2,409	2,370
	Whitchurch Urban ..	6,053	6,856	6,920
A. C. HOWARD, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H. (from 12th Sept., 1955)	Ellesmere Rural ..	48,253	8,601	9,500
	Wem Rural ..	60,343	12,043	12,530
M. H. F. TURNBULL, M.B., Ch.B., D.P.H.	Bridgnorth Borough ..	2,645	6,250	6,320
	Bridgnorth Rural ..	100,897	16,168	16,100
<i>Whole-Time</i>				
J. L. GREGORY, M.B., Ch.B., F.R.F.P.S., D.P.H., D.T.M. & Hy.	Bishop's Castle Borough	1,867	1,290	1,280
	Ludlow Borough ..	1,068	6,456	6,500
	Wenlock Borough ..	22,657	15,095	15,080
	Church Stretton Urban ..	6,198	2,580	2,770
	Atcham Rural ..	134,490	21,265	21,400
	Clun Rural ..	132,512	9,766	9,320
	Ludlow Rural ..	112,823	13,949	13,760
W. A. M. STEWART, M.B., Ch.B., L.R.C.P., L.R.F.P.S., D.P.H., Barrister-at-Law	Dawley Urban ..	3,259	8,380	8,430
	Market Drayton Urban ..	1,216	5,644	5,700
	Newport Urban ..	768	3,744	3,870
	Oakengates Urban ..	2,396	11,656	11,210
	Wellington Urban ..	2,281	11,416	13,010
	Drayton Rural ..	54,058	10,625	12,050
	Shifnal Rural ..	39,562	13,548	14,350
	Wellington Rural ..	54,516	23,521	24,380
	TOTAL ..	861,800	289,802	297,500

ANNUAL REPORT FOR 1955

ADMINISTRATION

The work of the County Health Department is controlled by the Health Committee, certain powers being delegated to a number of Sub-Committees, the composition and duties of which are as indicated below:

HEALTH (GENERAL PURPOSES) SUB-COMMITTEE:

Chairman and Vice-Chairman of the Council	} <i>Ex-officio</i>
Chairman and Vice-Chairman of the Health Committee	
Chairman of the Nursing and Water Sub-Committees	
Ten members of the Health Committee	

To meet monthly to deal with day-to-day matters of urgency connected with the administration of the Local Health Services, including such matters connected with the Ambulance Service as are not delegated to the Local Ambulance Sub-Committees; to advise the Health Committee as to the administration of the Mental Health Service; and to exercise the Council's powers under the Milk (Special Designation) (Pasteurized and Sterilised Milk) Regulations, 1949—1953.

HEALTH (NURSING) SUB-COMMITTEE:

Chairman of the Council	} <i>Ex-officio</i>
Chairman and Vice-Chairman of the Health Committee	
Nine members of the Health Committee	
Seven members nominated by the Shropshire Nursing Association	

To advise the Health Committee on the administration of the Local Health Services for the care of mothers and young children; midwifery; health visiting; home nursing; prevention of illness, care and after-care; domestic help; supervision of midwives; registration of nursing homes and nurses' agencies; and investigations under the Midwives Acts.

(This is also the Care Committee under the Council's scheme for the care and after-care of tuberculous patients).

HEALTH (WATER) SUB-COMMITTEE:

Chairman and Vice-Chairman of the Council	} <i>Ex-officio</i>
Chairman and Vice-Chairman of the Health Committee	
Nine members of the Health Committee	

To consider the reports of the Council's consultant upon water supply and sewerage; to advise the Health Committee upon the exercise of their functions in relation to water supplies and sewerage and, in particular, as to the making of grants under the Public Health Act, 1936, and the Rural Water Supplies and Sewerage Acts, 1944 to 1955, with authority to approve schemes in principle on behalf of the County Council; and to advise the Health Committee as to the exercise of the powers and duties of the Council under the Housing Acts and the Water Acts, 1945 and 1948.

National Assistance Acts, 1948—1951:

Administration under these Acts is the responsibility of the Welfare Committee of the County Council.

VITAL STATISTICS

Area (in acres) of Administrative County	..	..	..	..	..	..	861,800
Rateable Value (as at 1st April, 1955)	..	..	..	..	..	..	£1,588,579
Estimated product of 1d. rate (as at 1st April, 1955)	..	..	..	..	..	..	£6,304

Population.—The Registrar-General's estimate of the population of the County at mid-1955 (inclusive of members of the Armed Forces) was 297,500, and this figure is the basis of the various rates referred to in this Report.

The distribution of population throughout the various Sanitary Districts of the County is shown in Table I on page 77, from which it will be seen that 143,500 persons were resident in urban areas and 154,000 in rural areas. The decrease in population in the County as a whole was 400, compared with a decrease of 1,400 in the previous year.

In the County as a whole, the density of population was 0.35 persons per acre, with 2.28 per acre in urban areas and 0.19 in rural areas. Districts showing the lowest densities were, in the urban areas, Church Stretton (0.45) and, in the rural areas, Clun (0.07).

The table below shows the population of Shropshire in the census years 1931 and 1951, with the Registrar-General's estimate for mid-1955, and the distribution of population between urban and rural districts:

	1931		1951		1955	
	No.	%	No.	%	No.	%
Urban Districts	121,665	49.8	139,570	48.2	143,500	48.2
Rural Districts ..	122,491	50.2	150,232	51.8	154,000	51.8
County	244,156	100	289,802	100	297,500	100

Marriages.—The number of marriages in 1955 was 2,208—an increase of 129 as compared with the previous year. The number of persons married represents a rate of 14.8 per 1,000 of population as against a rate of 16.1 for England and Wales.

Births.—The live births registered in and appertaining to this County during 1955 numbered 4,398, a decrease of 90 compared with the previous year. Male and female births were 2,284 and 2,114 respectively.

The crude birth-rates for the year were 15.23 in urban districts, 14.36 in rural districts and 14.78 in the County as a whole. These rates are based upon the number of births per 1,000 of population.

The standardised rates, adjusted to allow for distribution of the local population by sex and age, were 15.23 in urban districts, 16.51 in rural districts and 15.81 for the County, compared with the provisional rate of 15.0 for England and Wales.

Of the 4,398 live births, 4,222 were legitimate and 176 illegitimate. This latter figure represents 4.0 per cent. of the live births, as compared with 4.43 per cent. for the previous year.

The births and birth-rates applicable to each Sanitary District in the County are set out in Table II on page 78.

Still-births.—During 1955, there were 107 still-births, representing a rate of 23.75 per thousand live and still-births, as against a rate of 25.62 for 1954. The comparable rate for England and Wales for 1955 was 23.1.

The rate for still-births per 1,000 of population was 0.36.

The table below shows the improvement which has been effected during the past twenty years in the still-birth rate:

Year	Still-births	Live Births	Total	Rate per 1,000 Live and Still-births
1935	170	3,610	3,780	44.97
1936	166	3,648	3,814	43.52
1937	164	3,779	3,943	41.59
1938	151	3,690	3,841	39.31
1939	165	3,800	3,965	41.61
1940	141	4,102	4,243	33.23
1941	160	4,489	4,649	34.42
1942	164	4,840	5,004	32.77
1943	170	4,915	5,085	33.43
1944	121	5,203	5,323	22.73
1945	121	4,621	4,741	25.52
1946	116	5,090	5,206	22.28
1947	138	5,538	5,676	24.14
1948	123	5,156	5,279	23.29
1949	107	4,945	5,052	21.17
1950	118	4,669	4,787	24.65
1951	121	4,603	4,724	25.61
1952	110	4,670	4,780	23.01
1953	133	4,638	4,771	27.88
1954	118	4,488	4,606	25.62
1955	107	4,398	4,505	23.75

Deaths.—The number of deaths registered in and appertaining to Shropshire during 1955 was 3,316, a decrease of 114 compared with the previous year. Male and female deaths were 1,754 and 1,562 respectively.

The crude death-rates for the year were 12.74 per 1,000 of population in urban areas, 19.66 in rural areas and 11.14 in the County as a whole. Standardised death-rates were 11.85, 10.33 and 11.14 respectively, compared with a rate of 11.7 for England and Wales.

The table below shows the standardised death-rates for Shropshire during 1953, 1954 and 1955, with comparable rates for England and Wales:

	1953	1954	1955
Urban Districts ..	11.97	12.07	11.85
Rural Districts ..	9.79	10.86	10.33
Whole County ..	10.84	11.51	11.14
England and Wales ..	11.4	11.3	11.7

Full information with regard to deaths in this County during 1955, showing cause, sex and age groups in the Sanitary Districts of the County, is given in Tables III and IV on pages 79 and 80.

In the following table are given particulars of the principal causes of death, in order of importance, for the year 1955, with comparative figures for 1954 and 1953.

Cause of Death	1955			1954			1953		
	Deaths	Rate per 1,000 of population	% of total deaths from all causes	Deaths	Rate per 1,000 of population	% of total deaths from all causes	Deaths	Rate per 1,000 of population	% of total deaths from all causes
Heart disease	1,163	3.91	35.07	1,242	4.17	36.21	1,111	3.71	34.26
Cancer	550	1.85	16.59	532	1.79	15.51	529	1.76	16.30
Vascular lesions of nervous system	487	1.64	14.69	536	1.80	15.63	497	1.66	15.32
Diseases of circulatory system (other than heart disease) ..	142	0.48	4.28	144	0.48	4.20	148	0.49	4.56
Bronchitis	135	0.45	4.07	153	0.51	4.46	167	0.56	5.15
Pneumonia	98	0.33	2.94	94	0.32	2.74	84	0.28	2.59
Accidents (other than motor vehicle)	62	0.21	1.87	68	0.23	1.98	59	0.20	1.82
Accidents—motor vehicle ..	56	0.19	1.69	46	0.15	1.34	50	0.17	1.54
Influenza	39	0.13	1.18	28	0.09	0.82	51	0.17	1.57
Ulcer of stomach and duodenum ..	37	0.12	1.12	28	0.09	0.82	21	0.07	0.65
Nephritis and nephrosis ..	34	0.11	1.03	43	0.14	1.25	48	0.16	1.48
Suicide	30	0.10	0.90	34	0.11	0.99	32	0.11	0.98
Tuberculosis (all forms) ..	30	0.10	0.90	51	0.17	1.49	40	0.13	1.23
TOTAL ..	2,863	9.62	86.33	2,999	10.05	87.44	2,837	9.47	87.45

NOTE.—Cancer deaths include those from Hodgkin’s disease, leukaemia and aleukaemia.

Of the 3,316 deaths in 1955, no less than 44.12 per cent. were of persons aged 75 years or over. The table below shows the percentages of deaths in age groups and indicates little variation during the past five years. Comparative figures for 1931, however, indicate the extent to which the death rate of persons below the age of 65 years has decreased:—

Year	Percentages of total deaths							
	Under 1 year	Over 1—under 5	Over 5—under 15	Over 15—under 25	Over 25—under 45	Over 45—under 65	Over 65—under 75	Over 75 years
1955	3.35	0.45	0.57	1.09	3.98	21.08	25.36	44.12
1954	3.21	0.47	0.67	1.37	4.26	20.32	25.42	44.28
1953	3.48	1.02	0.31	1.29	4.32	20.96	25.46	43.16
1952	3.71	1.03	0.77	1.45	4.45	19.36	25.55	43.68
1951	3.76	0.81	0.37	1.64	4.28	19.17	25.25	44.72
1931	6.56	2.62	1.78	3.01	9.21	23.08	22.98	30.76

Tuberculosis.—During the year, 25 deaths were registered from Respiratory Tuberculosis—21 less than in the previous year—giving a death rate of 0.084 per 1,000 of population.

There were in addition 5 deaths from Non-respiratory Tuberculosis—the same as in 1954—giving a death-rate of 0.016.

For both forms of this disease, the death-rate for 1955 was 0.100 per 1,000 of population, compared with a rate of 0.146 for England and Wales.

The table on page 11 shows the notification and death-rates per 1,000 of population attributable to this County from 1916 onwards for both forms of Tuberculosis.

Tuberculosis—Respiratory and Non-Respiratory
Notification and Death Rates from 1916

Year	RESPIRATORY				NON-RESPIRATORY			
	New Cases	Deaths	Rate per 1,000 population		New Cases	Deaths	Rate per 1,000 population	
			Cases	Deaths			Cases	Deaths
1916	364	206	1.61	0.91	64	59	0.28	0.26
1917	406	199	1.77	0.87	73	75	0.32	0.33
1918	425	222	1.98	1.03	118	60	0.55	0.28
1919	341	171	1.47	0.74	102	44	0.44	0.19
1920	325	143	1.36	0.59	127	56	0.53	0.23
1921	318	150	1.31	0.62	112	47	0.46	0.19
1922	274	182	1.12	0.74	118	58	0.48	0.24
1923	273	157	1.11	0.64	133	56	0.54	0.23
1924	287	144	1.16	0.58	121	42	0.49	0.17
1925	243	138	0.99	0.56	111	36	0.45	0.15
1926	208	136	0.86	0.56	117	34	0.48	0.14
1927	162	129	0.66	0.53	131	44	0.54	0.18
1928	214	126	0.87	0.52	129	41	0.53	0.17
1929	194	147	0.79	0.60	138	33	0.57	0.14
1930	184	106	0.76	0.44	119	34	0.49	0.14
1931	216	155	0.87	0.64	102	37	0.42	0.15
1932	163	126	0.67	0.52	108	34	0.44	0.14
1933	152	125	0.62	0.51	103	33	0.42	0.14
1934	180	114	0.74	0.47	93	29	0.38	0.12
1935	182	124	0.75	0.51	95	27	0.39	0.11
1936	169	95	0.70	0.39	118	23	0.49	0.09
1937	158	97	0.66	0.40	111	39	0.46	0.16
1938	164	71	0.68	0.29	114	20	0.47	0.08
1939	156	91	0.62	0.36	101	30	0.40	0.12
1940	133	76	0.52	0.29	102	27	0.40	0.11
1941	197	93	0.72	0.34	139	31	0.50	0.11
1942	185	82	0.69	0.31	140	32	0.52	0.12
1943	193	113	0.74	0.43	132	27	0.51	0.10
1944	104	91	0.40	0.35	86	17	0.33	0.07
1945	143	88	0.56	0.34	102	31	0.39	0.12
1946	106	65	0.40	0.25	64	21	0.24	0.08
1947	141	87	0.53	0.33	67	24	0.25	0.09
1948	89	81	0.33	0.30	62	14	0.23	0.05
1949	127	100	0.47	0.37	79	17	0.29	0.06
1950	151	66	0.52	0.23	77	10	0.27	0.03
1951	109	53	0.37	0.18	47	10	0.16	0.03
1952	116	37	0.39	0.13	44	9	0.15	0.03
1953	136	32	0.45	0.107	27	8	0.09	0.027
1954	144	46	0.48	0.154	27	5	0.09	0.017
1955	153	25	0.51	0.084	32	5	0.11	0.016

Further information concerning Tuberculosis is given in the Sections of this Report dealing with “Infectious Diseases” on page 14 and “Prevention of Illness, Care and After-Care” on page 42.

Cancer.—Deaths from cancer during 1955 numbered 550—an increase of 18 over the previous year. The death-rate per 1,000 of population was 1.848—an increase of 0.058 over the rate for 1954.

Deaths from Cancer, 1953, 1954 and 1955

Age Groups	1953			1954			1955		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
Under 15 years	1	4	5	4	2	6	1	—	1
15 to 45 „	19	18	37	9	18	27	14	18	32
45 to 65 „	101	93	194	98	91	189	96	95	191
Over 65 „	145	148	293	162	148	310	163	163	326
TOTAL	266	263	529	273	259	532	274	276	550

The table below lists the deaths from cancer during the years 1950 to 1955, according to the location of the disease:—

	1950			1951			1952			1953			1954			1955		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Malignant neoplasm:																		
Stomach ..	45	49	94	42	44	86	58	33	91	47	41	88	40	36	76	43	37	80
Lung, Bronchus ..	38	7	45	43	8	51	37	4	41	62	11	73	58	6	64	69	9	78
Breast ..	—	42	42	1	45	46	—	39	39	1	56	57	—	42	42	—	51	51
Uterus ..	—	24	24	—	22	22	—	24	24	—	19	19	—	25	25	—	17	17
Other ..	147	129	276	166	131	297	152	133	285	146	126	272	166	146	312	157	158	315
Leukaemia, aleukaemia	10	3	13	8	5	13	13	5	18	10	10	20	9	4	13	5	4	9
TOTAL ..	240	254	494	260	255	515	260	238	498	266	263	529	273	259	532	274	276	550

The percentages of total cancer deaths due to cancer of the lung are shown below:—

Year	% of all cancer deaths due to lung cancer	% of lung cancer cases occurring in males
1950	9.1	84.4
1951	9.9	84.3
1952	8.2	90.2
1953	13.8	84.9
1954	12.0	81.6
1955	14.2	88.5

Infantile Mortality.—In 1955, the number of infants who died before reaching the age of twelve months was 111—an increase of one compared with the previous year.

The infant mortality rate, expressed as a rate per 1,000 live births, was 25.23—an increase of 0.72 compared with the previous year.

The corresponding rate for England and Wales in 1955 was 24.9 per 1,000 live births.

Below, in tabular form, are particulars of the causes of death of infants who died in 1955 before attaining the age of one year, with comparative figures for 1954.

Infant Deaths during 1954 and 1955—Causes

Cause	1954			1955			Increase or Decrease
	Males	Females	Total	Males	Females	Total	
Pneumonia	7	5	12	10	12	22	+ 10
Other diseases of respiratory system	—	—	—	1	1	2	+ 2
Gastritis, enteritis and diarrhoea	—	—	—	2	—	2	+ 2
Accidents (other than motor vehicles)	2	1	3	5	—	5	+ 2
Heart disease	—	—	—	—	1	1	+ 1
Influenza	—	—	—	1	—	1	+ 1
Bronchitis	2	—	2	1	—	1	— 1
Leukaemia	1	—	1	—	—	—	— 1
Other infectious and parasitic diseases	1	—	1	—	—	—	— 1
Congenital malformations	11	13	24	12	8	20	— 4
Other defined and ill-defined diseases (including prematurity)	34	33	67	32	25	57	— 10
TOTAL ..	58	52	110	64	47	111	+ 1

The infantile mortality rate is regarded as an important index of a community's health services. Nationally and locally, this figure has been almost halved in the last twenty years and there has been a corresponding fall in the still-birth rate, although as will be seen on page 9 the latter figure has tended towards stabilisation during the last decade.

There has, however, been no reduction in the death rate for infants dying in the first month. These are called the “neo-natal” deaths (or deaths in the very recently born); the total of neo-natal deaths and still-births together are referred to in recent publications as “peri-natal” deaths, or deaths of the foetus before or after—round about the time of—birth. It is on the latter figure that concentrated effort seems called for; the causes may be similar and related to something in the maternal economy or metabolism—often perhaps some toxic process.

Although there is no clear certainty as to what brings it on, Toxaemia of pregnancy is not difficult to diagnose and it is usually amenable to treatment. During the whole of the year 1955 the Health Department's midwives and medical staff gave close attention to the problem of Toxaemia and the practitioners and obstetric specialists evinced interest in our efforts.

Of the 111 infants who died in 1955, no less than 50 were regarded as “premature,” being 5½ lb. or less in weight at birth. Further particulars regarding these premature infants are to be found in the section of this Report dealing with “Care of Mothers and Young Children” commencing on page 18 which includes an interesting table illustrating the relationship between the birth weight of premature infants and their prospects of survival.

As will be seen from the table below, 77 of the total infant deaths during 1955 (or 69.4 per cent.) occurred in the first month of life:—

Age Group	1954		1955	
	Deaths	Percentage	Deaths	Percentage
Under 1 day	33	30.0	32	28.83
1 day—1 week	40	36.4	33	29.73
1 week—1 month	11	10.0	12	10.81
1 month—3 months	6	5.5	10	9.01
3 months—6 months	10	9.1	11	9.91
6 months—9 months	5	4.5	10	9.01
9 months—12 months	5	4.5	3	2.70
TOTAL ..	110	100	111	100

Neo-natal Deaths.—Although much progress has been made in reducing the infant mortality rate in this County—it has been practically halved in the past twenty years—the mortality of infants during the first month of life continues to be the main obstacle to further progress.

The neo-natal mortality rate for 1955 of 17.51 per 1,000 related live births compares with that of 17.3 for England and Wales.

Year	Infant Mortality		Neo-Natal Mortality		
	Deaths	Rate per 1,000 Live Births	Deaths	% of Infant Deaths	Rate per 1,000 Live Births
1950	114	24.39	74	64.9	15.85
1951	140	30.41	82	58.6	17.81
1952	115	24.63	73	63.5	15.63
1953	113	24.36	80	70.8	17.25
1954	110	24.51	84	76.4	18.72
1955	111	25.23	77	69.4	17.51

Maternal Mortality.—Deaths due directly or indirectly to pregnancy numbered four in 1955. Three cases died at their homes and one in hospital and brief information concerning them is given below:—

	Age	Cause	Died at
1.	26	Hyperemesis gravidarum (Toxic) Three months pregnant	Home
2.	16	Post partum haemorrhage Retained placenta	Home
3.	35	Misadventure: Internal haemorrhage following Caesarian operation	Hospital
4.	26	Aspiration Bronchopneumonia. Breast abscess with developing septicaemia. P.M. Misadventure.	Home

All maternal deaths have for a generation or more been the subject of the closest investigation by the Specialists, Health Departments and Practitioners concerned.

Although such investigations are strictly confidential and no names are ever recorded in the final report required by the Ministry of Health, the circumstances of each case are most closely scrutinised by all concerned so that the lessons to be learned can be impressed on practitioners and students and guide professional treatment and government policy. Indeed, it is fairly clear that the latter is affected by the contents of the reports, the circumstances and the Departmental professional advice thereon.

The table below compares the maternal mortality rates for the County with those for England and Wales over the past eight years:—

Year	Deaths	Rate per 1,000 live and still-births	
		Shropshire	England and Wales
1948	3	0.57	1.02
1949	3	0.59	0.98
1950	9	1.88	0.86
1951	1	0.21	0.79
1952	6	1.25	0.72
1953	2	0.42	0.76
1954	3	0.65	0.69
1955	4	0.88	0.64

General.—The following tables summarise the position with regard to the various matters so far referred to in this section of the Report.

Birth-Rates, Death-Rates and Analysis of Mortality, 1955

	Birth rate per 1,000 population		Death rate per 1,000 population						Rate per 1,000 live births	
	Live Births	Still-Births	All Forms	Tuberculosis		Cancer			Infants	
				Res-piratory	Non-Res-piratory	Lung and Bronchus	Other Forms	All Forms	Under 4 weeks	Under 1 year
England and Wales	15.0	—	11.7	0.131	0.015	0.389	1.667	2.056	17.3	24.9
Shropshire	(a)14.78 (b)15.81	0.36	(a)11.14 (b)11.14	0.084	0.016	0.262	1.586	1.848	17.51	25.23

(a) Crude rate. (b) Standardised rate.

General Statistics—Shropshire

Year	Live Births		Deaths		Natural increase in Population	Infant Mortality rate per 1,000 live births	Death rates from Cancer per 1,000 of Population
	Total	Rate per 1,000 Population	Total	Rate per 1,000 Population			
1935	3,610	14.92	3,016	12.47	594	46	1.736
1936	3,648	15.08	3,186	13.17	462	46	1.695
1937	3,779	15.69	3,236	13.44	543	51	1.852
1938	3,690	15.28	3,070	12.72	620	47	1.901
1939	3,800	15.52	3,226	12.93	574	48	1.767
1940	4,102	15.95	3,654	14.21	448	48	1.761
1941	4,489	16.26	3,426	12.37	1,063	44	1.726
1942	4,840	18.00	2,973	11.05	1,867	45	1.680
1943	4,915	18.80	3,186	12.24	1,729	36	1.893
1944	5,203	20.02	2,969	11.4	2,234	34	1.751
1945	4,621	18.01	3,056	11.9	1,565	38.95	1.711
1946	5,090	19.42	3,177	12.1	1,913	43.03	1.768
1947	5,538	20.92	3,251	12.8	2,287	39.73	1.786
1948	5,156	18.92	3,219	10.77	1,937	35.49	1.729
1949	4,945	18.15	3,294	12.09	1,651	29.52	1.898
1950	4,669	16.17	3,219	11.15	1,450	24.39	1.71
1951	4,603	15.68	3,719	12.67	884	30.41	1.75
1952	4,670	15.80	3,100	10.49	1,570	24.63	1.68
1953	4,638	15.5	3,244	10.84	1,394	24.36	1.68
1954	4,488	15.07	3,430	11.51	1,058	24.51	1.79
1955	4,398	14.78	3,316	11.14	1,082	25.23	1.848

NOTE.—Cancer deaths from 1950 include those due to Hodgkin’s disease, leukaemia and aleukaemia.

INFECTIOUS DISEASES

Table V on page 81 of this Report summarises the notifications of infectious diseases which were received during 1955.

Tuberculosis.—During the year, 153 new cases of Respiratory Tuberculosis were added to the Register. This figure excludes Hospital and Service cases not ordinarily resident in the County, who were already on the Register in their home area, and represents an increase in new cases of 9 over the previous year.

Deaths from Respiratory Tuberculosis numbered 25, a decrease of 21 compared with the previous year.

New cases of Non-respiratory Tuberculosis numbered 32, again excluding those not ordinarily resident in the County. There were 5 deaths from this form of the disease—the same as in the previous year.

Particulars of the notified cases and deaths from both forms of Tuberculosis, classified in age groups, are given below:—

New cases of, and deaths from, Tuberculosis during 1955

			New Cases				Deaths			
			Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
			M.	F.	M.	F.	M.	F.	M.	F.
0—1	..	..	—	1	—	—	—	—	—	—
1—5	..	..	5	5	1	1	—	—	1	—
5—15	..	..	5	11	7	7	—	1	—	—
15—25	..	..	7	29	—	4	3	—	—	—
25—45	..	..	28	25	1	4	—	2	—	—
45—65	..	..	22	11	4	3	10	5	2	1
65 and over	..	..	3	1	—	—	3	1	—	1
TOTAL ..			70	83	13	19	16	9	3	2
			153		32		25		5	

The significant figures appear to be those in “the left-hand bottom corner”—middle-aged or older males, and younger women.

Non-notified Fatal Cases.—Of the deaths from Tuberculosis, 6 occurred of persons who had not been notified as suffering from this disease, being ascertained from the local deaths returns submitted by Registrars and the transferable death returns from the Registrar-General.

Three of these were Respiratory cases and represented 12 per cent. of the total deaths from this form of the disease; and three were Non-respiratory cases, or 60 per cent. of the total deaths from this cause. For both forms of the disease, non-notified cases represented 20 per cent. of the total deaths.

The fact that, during 1955, one in every five fatalities from Tuberculosis was of a case not notified during life gives cause for concern when it is realised that little if any action can have been taken during life to reduce the risk of the spread of infection.

This is exactly what one fears and what is the current problem of the campaign against Tuberculosis—the unknown reservoir of infection. When Mass Miniature Radiography facilities are made available, perhaps only 20 per cent of the eligible public attend. Two to four fresh active cases per 1,000 examined may be detected, but those unexamined may include a higher proportion infected themselves and dangerously infective to others.

Poliomyelitis.—The number of cases of Poliomyelitis (infantile paralysis) notified in this County during 1955 was 19, an increase of 6 compared with the previous year, and of these only one, a paralytic case, terminated fatally. It will be observed elsewhere in this Report that no deaths in this County have been assigned by the Registrar-General as due to Poliomyelitis; the case in question was a woman, aged 35 years, who having recently returned from Pakistan was staying with relatives in Shropshire, and was admitted to Copthorne Hospital, where she died of Bulbar Poliomyelitis.

These 19 cases, 13 of which were paralytic and 6 non-paralytic, were notified as follows:—

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
—	1	—	1	—	—	1	4	4	3	4	1	19

The distribution of the cases by sex and age was as follows:

	Paralytic		Non-Paralytic		Total	
	Males	Females	Males	Females	Males	Females
Under 1	—	—	1	—	1	—
1—2	—	—	—	—	—	—
3—4	1	2	1	1	2	3
5—9	—	—	1	—	1	—
10—14	1	—	—	—	1	—
15—24	4	—	1	1	5	1
25 and over ..	1	4	—	—	1	4
TOTAL	7	6	4	2	11	8

The table below shows the yearly incidence of, and deaths from, this disease during the 18 years up to and including 1955:—

Notifications of, and Deaths from, Poliomyelitis, from 1938 to 1955

	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Notifications	8	15	4	4	1	5	10	13	5	32	13	10	62	13	27	26	13	19
Deaths ..	1	2	2	2	—	—	1	1	—	2	2	1	11	1	—	—	2	1*

*Death occurring in but not assignable to this County.

Dysentery.—The number of cases of Dysentery notified during 1955 was 55—a decrease of 52 compared with the previous year.

Measles.—Notifications received in respect of Measles numbered 4,891—an increase of 4,721 over the corresponding figure for 1954; there were no deaths from this disease.

Whooping Cough.—Notified cases of Whooping Cough totalled 871, or 79 less than in the previous year, and there were no deaths from this disease. (See also under Immunisation Service on page 38).

Food Poisoning.—During 1955, the number of cases of Food Poisoning notified was 102, compared with 223 in the previous year, and none is known to have proved fatal.

Typhoid and Paratyphoid.—One single fatal case of Typhoid and two uneventful cases of Paratyphoid were notified during the year.

Diphtheria.—There was no notified case of Diphtheria in this County during 1955. (See also under Immunisation Service on page 37).

Smallpox.—There was no notified case of Smallpox in this County during 1955.

Scarlet Fever.—The number of cases of Scarlet Fever notified during the year under review was 110—a decrease of 101 compared with 1954, when the notified cases were 29 less than in the previous year.

VENEREAL DISEASES

Facilities for the treatment of venereal diseases are provided by the Shrewsbury Group Hospital Management Committee, as part of the hospital and specialist services, at a special treatment clinic in Shrewsbury. This is the only clinic in the County and also serves the neighbouring Counties of Montgomeryshire and Radnorshire.

The particulars given in the table below of the attendance of Shropshire cases at the Shrewsbury Clinic have been supplied through the courtesy of Dr. J. P. G. Rogerson, Medical Officer in charge.

Information is also given below concerning the numbers of Shropshire cases who were treated during 1955 as new cases at clinics outside this County.

Shropshire Cases treated at Shrewsbury Clinic

Conditions	New Cases						All Cases						Attendances					
	Male		Female		Total		Male		Female		Total		Male		Female		Total	
	1954	1955	1954	1955	1954	1955	1954	1955	1954	1955	1954	1955	1954	1955	1954	1955	1954	1955
Syphilis	4	4	7	3	11	7	77	62	89	90	166	152	564	530	700	429	1264	959
Gonorrhoea	5	2	—	—	5	2	12	14	2	—	14	14	44	33	2	—	46	33
Non-Venereal	75	61	25	34	100	95	112	109	58	65	170	174	280	303	88	95	368	398
TOTAL ..	84	67	32	37	116	104	201	185	149	155	350	340	888	866	790	524	1678	1390
Increase or Decrease	—17		+5		—12		—16		+6		—10		—22		—266		—288	

New Cases from Shropshire treated at Out-County Clinics

Clinic	Syphilis		Gonorrhoea		Other Conditions		Total	
	1954	1955	1954	1955	1954	1955	1954	1955
Stafford ..	1	—	—	1	—	2	1	3
Stoke-on-Trent	—	—	—	—	4	—	4	—
Wolverhampton	1	—	5	3	15	35	21	38
Wrexham ..	—	—	—	—	—	1	—	1
TOTAL ..	2	—	5	4	19	38	26	42

NATIONAL HEALTH SERVICE ACT, 1946

Personal Health Services provided by the County Council as Local Health Authority, in accordance with the several Sections of Part III of the Act ; and integration of Local Health, Hospital and General Medical Services.

The Health Department continue to try to explain their functions to practitioners and the public. Criticism is occasionally heard that the Local Health Authority provide certain services which some practitioners say are at best a duplication of what they themselves provide under Part IV of the Act. It is probably good for all concerned that this criticism be fairly reviewed to see if modifications in the Local Health Authority's provisions are desirable. Without attempting to list observations in order of merit, some of the relevant history and facts may be recalled.

The National Health Service Act, 1946, was one of three Acts of great social significance which came into operation on the same appointed day of 5th July, 1948. They had been conceived as long before as June, 1941, when the war-time National and Coalition Government announced to Parliament the setting up of the Beveridge Committee. The latter's report in November, 1942, and the subsequent schemes, represented and expressed a national desire to improve social conditions for all, and in particular for those who had suffered most during the pre-war depression of the 1930s. Together they initiated a social revolution of some magnitude.

The National Health Service Act set out the Government's plan for health services.

Part I laid upon the Minister of Health the duty to promote the establishment in England and Wales of a comprehensive health service designed to secure improvement in the physical and mental health of the people of England and Wales, and the prevention, diagnosis and treatment of illness; and stated that the services so provided should be free of charge.

Part II of the Act dealt with hospital and specialist services to be administered by Regional Hospital Boards and Hospital Management Committees.

Part III of the Act dealt with the health services provided by Local Health Authorities—in Salop the County Council.

Part IV of the Act dealt with the general medical and other services to be administered by local Executive Councils for the areas of every Local Health Authority.

Part V dealt with special provision as to Mental Health Services.

Nearly all doctors mistrusted the provisions and implications of Part IV of the Act which revolutionised their practices. In opposing the Bill frankly and strenuously, they did so for far better reasons and motives than they succeeded in making clear to the public, who never really understood the point of view which the honest practitioner, unskilled in dialectics, found difficulty in enunciating let alone explaining. Indeed, hardly anyone but a practitioner of some seniority could quite appreciate it.

No Government in 1948 could forecast how the conspicuously novel provisions of Part IV of the Act would succeed, with medical opinion so avowedly antagonistic. The Health Services, however, of the Local Health and Education Authorities were under government control and that they had done good work in nurturing the younger generation who had passed their childhood in the early 1930s, when there was no provision for general medical services for dependants, was plain for all to see. The Part III Services were, in brief, something that could be relied on; and that the duties and responsibilities laid on Local Health Authorities were enlarged rather than reduced was inevitable in the circumstances if it was desired to ensure that the Act, aiming at a comprehensive and free service, sacrificed no ground already previously gained by the public in health amenities.

It is a matter of history and of fact that, in the event, the Bill, supported by a vast preponderance of opinion of the electorate and in Parliament, became law. Accordingly, and under Part III of the Act, the Local Health Authority have a duty to make these provisions, and to make them according to a scheme approved and largely shaped by the Government's Ministry of Health.

If, ten years later, the need for the personal services provided by Local Health and Education Authorities is less obvious, the reasons for this could hardly have been foreseen in 1944—48. Full employment and material prosperity have been the rule. The practitioners who so disliked the principles and their principal protagonist in 1948 proved, as they had done in 1911, too humane and honest and public-spirited to sacrifice patients to politics. It must always be to their honour that they have, broadly speaking, made their part of the Act work well.

That these factors, previously problematical, have made Local Health Authority clinic and child welfare services less materially necessary to most in the last decade is now evident, and not least to County Medical Officers who advise Local Health Authorities in their administration.

Yet among those who should know best, there is no unanimity about the future of clinic services vis-à-vis general medical services; there seems indeed to be a preponderance of opinion that clinic services and even new clinics may still have much to justify their existence, despite the fact that every child has free general medical services as a right.

The Local Health Authority services have been traditionally preventive and anticipatory—to avert rather than to treat ill-health; and the cardinal virtue of the Local Health and School Health Services has lain in systematic following-up and watching over every baby and every school child, whether its parents sought advice or not. Thereby, few defects escape detection.

How many practitioners are willing to see all their babies monthly as a routine during their first year of life, two or three times a year till the age of five, and offer annual facilities for health check-up during school life ? How many, even if they wished to provide these services, would in practice find it feasible to do so ? How would they see that every child attended on all these occasions ? How would they compel the attendance of the less careful or neglectful parent ?

Practitioners have, in fact, no means of doing these things; nor, without substantial clerical help, could they keep the records required by the Government for statistical study. That Local Health Authority and School Health services are superfluous is not a view held by Parliament; it is better that some of the reasons for their provision and the benefits they can afford to the public and patients and practitioners be appreciated than that they should be criticised in ignorance.

Those critics who grumble at County Council expenditure and talk of duplication can reflect that the nett cost to the ratepayer of all the County Council Health Services under the Act, including Home Nurses, Midwives, Ambulance Services, Vaccination and Immunisation, Clinics, Health Visitors, Home Helps, Prevention, Care and After-care, especially of the Tuberculous, etc., was in 1955 of the order of 6½d. per family per week; and that without these services the public might well require more treatment from the family doctor and the Hospital.

All this is not to say that the Health Department services are perfect and above reproach. Even in principle, a great deal in the services requires constant review. Such review, which goes on continuously, currently suggests that the sensible and economic use of clinic amenities deserves some priority of consideration.

Local Cottage Hospital services are generally appreciated by local practitioners, and what the Health Department and Committee of the County Council have given much attention to during 1955 has been intelligent planning to share capital costs with Hospital Management Committees so as to enhance Hospital Out-patient facilities and combine these with Local Health Authority clinic amenities, one good building serving both purposes being provided by one Authority as landlord, and leased for alternative purposes by the other Authority as tenant. In my annual report for 1954, I said that such co-ordination seemed far more hopeful than the "Health Centres" envisaged by Section 21 of the National Health Service Act, 1946. The latter have in fact been found to have too many inherent difficulties; a very few are operating and these few at very great cost.

CARE OF MOTHERS AND YOUNG CHILDREN

Under Section 22 of the National Health Service Act, 1946, it is the duty of the County Council, as Local Health Authority, to make arrangements for the care, including the dental care, of expectant and nursing mothers, and of children who have not attained the age of five years and are not in attendance at school.

Notification of Births.—Particulars are given in the following table of the notifications of births, in the County as a whole, which were received during 1955, with corresponding figures for the preceding four years:—

Notifications of Births for the years 1951 to 1955

Year	Live Births	Stillbirths	Total
1951	4,602	122	4,724
1952	4,715	114	4,829
1953	4,679	126	4,805
1954	4,555	114	4,669
1955	4,471	112	4,583

The births indicated above, which include all those taking place within the County whether or not the mother is normally resident in Shropshire, were distributed as follows:

	<i>Live Births</i>	<i>Still-births</i>
Domiciliary	1,940	38
In Hospitals and Institutions ..	2,260	69
In Private Nursing Homes ..	271	5
TOTAL ..	4,471	112

Allowing for "transfers out" (infants born in Shropshire but normally resident elsewhere) and "transfers in" (Shropshire infants born outside the County), the adjusted figures are as follows:—

	<i>Live Births</i>	<i>Still-births</i>
Actual	4,471	112
Transfers—Out	191	6
In	135	5
Adjusted	4,415	111

Premature Births, Stillbirths and Abortions.—For statistical and other purposes, infants whose birth weight does not exceed 5½ lb. are regarded as premature, irrespective of the period of gestation. The following table indicates the survival rate of premature infants born in 1955, whose mothers were normally resident in this County, together with corresponding figures for the preceding four years:—

Premature Infants born during the years 1951 to 1955

Year	BORN				DIED			SURVIVED	
	At Home	In Hospital	In Nursing Home	Total	Within 24 hours	Between 2nd and 28th day	Total	Alive after 28 days	Survival rate %
1951	91	197	9	297	17	30	47	250	82.2
1952	99	209	17	325	29	20	49	276	84.9
1953	98	209	15	322	32	17	49	273	85.4
1954	102	215	14	331	27	24	51	280	84.6
1955	104	221	6	331	28	22	50	281	84.9

Particulars relating to the birth weights in the case of premature live births and premature stillbirths which took place in this County during 1955 are summarised in the table on page 20.

Birth Control Clinics.—Since 13th June, 1951, a Birth Control Clinic has been held on two afternoons per month in the Welfare Centre, Murivance, Shrewsbury, attended alternately on a sessional basis by medical practitioners with specialist experience.

Advice is available only to married women in whom pregnancy would be detrimental to health and who are referred to the Clinic by their doctor. No charge is made for consultation but patients are expected to pay for medical supplies prescribed.

Below are given particulars of attendances at this Clinic from its commencement and up to 31st December, 1955:—

Year	Sessions	Patients		Medical Supplies Prescribed		
		New	Total Attendances	Patients	Free Issues	Cost Recovered £ s. d.
1951	13	56	60	47	4	13 8 2
1952	24	144	179	132	7	50 18 8
1953	24	142	220	128	8	72 0 6
1954	24	108	202	94	5	71 5 11
1955	24	98	173	78	4	71 4 8

A similar clinic was opened on 6th October, 1954, in response to local demand, at the Welfare Centre, Dinham, Ludlow, and, up to November, 1955, was held on one afternoon each month. Attendances at the Clinic were not as many as had been anticipated, and the number of sessions was then reduced from twelve to five per year—in February, April, June, September and November.

Particulars of attendances at the Ludlow Clinic since it was opened on 6th October, 1954, are as follows:—

Year	Sessions	Patients		Medical Supplies Prescribed		
		New	Total Attendances	Patients	Free Issues	Cost Recovered £ s. d.
1954	3	6	6	6	—	1 7 7
1955	10	32	42	32	—	10 12 3

During the year, consideration was also given to the need for a similar clinic in the Wellington area. Arrangements were consequently made for a clinic to operate in the Welfare Centre, Haygate Road, Wellington, on one afternoon per month during the same five months as at Ludlow, commencing in February, 1956.

Premature Live Births and Stillbirths, 1955

Weight at Birth	PREMATURE LIVE BIRTHS															PREMATURE STILLBIRTHS		
	Born in Hospital			Born at Home						Born in Nursing Home						Born in Hospital	Born at Home	Born in Nursing Home
				Nursed entirely at Home			Transferred to Hospital on or before 28th day			Nursed entirely in Nursing Home			Transferred to Hospital on or before 28th day					
				Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days			
3 lb. 4 ozs. or less ..	34	11	19	2	1	—	10	3	4	—	—	1	—	—	17	4	1	
Over 3 lb. 4 ozs. and up to 4 lb. 6 ozs. ..	45	5	34	3	—	2	19	2	16	—	—	—	—	—	10	5	—	
Over 4 lb. 6 ozs. and up to 4 lb. 15 ozs. ..	42	3	39	13	1	12	2	1	1	—	—	1	—	1	6	—	—	
Over 4 lb. 15 ozs. and up to 5 lb. 8 ozs. ..	100	1	96	49	—	49	6	—	5	4	—	3	—	—	7	5	2	
TOTAL ..	221	20	188	67	2	63	37	6	26	4	—	3	2	1	40	14	3	

Of 331 children who were born prematurely in 1955, a total of 281 (or 84.9 per cent) survived after 28 days, irrespective of the place of birth (home, nursing home or hospital) or degree of prematurity as evidenced by birth weight.

Ophthalmia Neonatorum.—During 1955, notifications were received from medical practitioners of 4 cases of Ophthalmia Neonatorum—defined in the relevant Regulations as “a purulent discharge from the eyes of an infant commencing within 21 days from the date of its birth,” and resulting, if untreated, in blindness.

All of these cases recovered, apparently without injury to the eyesight.

Welfare Centres.—Particulars are given on page 22 of the Welfare Centres provided by the County Council and of the services available; and the table on page 23 gives information with regard to the attendance at these and other voluntary clinics of pre-school children and expectant mothers during 1955.

Opening of new Welfare Centres—From 11th January, 1955, Welfare Centre accommodation was rented for two sessions a month in existing premises at Pontesbury, thus completing the original development plan envisaged when the Council's proposals under the National Health Service Act were prepared. Arrangements were made for this Centre to be conducted by a local medical practitioner.

A second minor Welfare Centre began, in response to local request and because Alveley had no resident doctor near, at fortnightly intervals in old school premises in the mining village of Alveley on 25th October; the initial response to this new service in the immediate vicinity proves to be rather small and the service may be reduced accordingly.

The third of the new Centres erected under the post-war capital building programme was completed at Ellesmere at the beginning of the year and opened on 15th February. This building, to replace rented accommodation which was so conspicuously unsuitable, is an example of a small clinic with useful dental facilities. It has proved popular locally and has benefited from the practical interest generously given by County Alderman and Mrs. Keith Needham.

At the end of the year, the fourth of these new buildings, situated at Madeley in the Borough of Wenlock, was nearing completion.

Extensions to the existing Welfare Centres at Bridgnorth and Market Drayton to provide new dental clinic facilities had made good progress by the end of the year.

Co-operation with Hospital Management Committees.—Allusion was made in the Report for 1954, and on page 18 of this Report, to the desirable principle of saving public money by the provision of one building instead of two where better amenities are required by both the Hospital and Local Health Authorities. The County Council Health Committee and the Shrewsbury Group Hospital Management Committee welcome the economies in capital expenditure which can result from sharing, and have proved eager to co-operate and exchange advance information as to needs.

Wellington was referred to in the Annual Report of the County Medical Officer for 1954 in this connection. The conception of sharing premises, there approved in principle, has altered in detail, and it is at present anticipated that the County Council may be allowed to share or rent accommodation for their Infant Welfare Centre within proposed extensions to be provided by the Hospital Management Committee at one of the Wellington Hospitals. It would be a great relief if the existing Infant Welfare Centre and Clinic in Haygate Road could thus be released for use as an Occupation Centre, for although the landlord's provision of accommodation for the existing Occupation Centre at Wellington is welcome and gratefully acknowledged, more space and better amenities are badly needed.

Similarly, it is hoped that an arrangement of the same nature may eventuate at Oswestry, where the Hospital Management Committee plan extensions to the District Hospital and where the County Council clinic is in accommodation now unsuitable, whereby the latter can be offered for sale and sessions rented as necessary by the County Council in the new Hospital extensions which the Hospital Management Committee intend to provide.

Conversely, it is believed that the County Council should provide the new building at Whitchurch, adjacent to the Cottage Hospital and available for use as Out-patient Departments by the Hospital Management Committee.

The latter project at Whitchurch has been the subject of considerable local criticism which the Health Department can scarcely feel is warranted, when one recalls that the provision of a new Welfare Centre Clinic at Whitchurch has been County Council policy since 1935 and that the existing clinic is conducted in what are virtually condemned premises in a narrow and vertical terrace house, the fabric of which occasions anxiety. To adapt the premises to something suitable would, by reason of their layout, be impossible and, if it were possible, would be very expensive.

It is a matter for concern to the Health Department that the Whitchurch practitioners question the need for a clinic there; but to abandon clinic facilities at Whitchurch is not the Council's policy, nor that of the Government or local electorate. A sensible formula seems to be to seek to share costs with the Hospital Management Committee at the Whitchurch Cottage Hospital. That the initial capital cost may in this case fall on the County Council should be offset by the fact that the reverse is expected to apply at Wellington and Oswestry. It is recommended that these three projects, and the policy of clinic provision in general, be considered as a whole rather than that the Whitchurch one be regarded as an issue separate from the others.

COUNTY COUNCIL WELFARE CENTRES

KEY TO SERVICES

Local Health Authority:

- a. Ante-natal
- b. Birth Control
- c. Child Guidance
- d. Dental
- e. Diphtheria Immunisation
- f. Domestic Help
- g. Child Welfare
- h. Mental Health Occupation Class
- i. Minor Ailments
- j. Mothers Club
- k. Refraction
- l. Speech Therapy
- m. Welfare Foods

Hospital and Specialist Services, etc.:

- n. Ante-natal exercise
- o. Chest
- p. Gynaecological
- q. Medical
- r. Ministry of Health examination sessions
- s. Ophthalmic
- t. Orthopaedic
- u. Paediatric
- v. Physiotherapy
- w. Psychiatric
- x. Skin
- y. Surgical
- z. Welsh Board examination sessions

(C)—Premises owned by County Council

(R)—Rented on sessional basis

<i>Centre</i>	<i>Address</i>	<i>Clinics</i>	<i>Frequency of Child Welfare Clinic</i>
ALVELEY	Old School House, Church Green	(R) e, g	2nd and 4th Tuesdays
BISHOP'S CASTLE	Church Street	(R) a, d, e, g, l, m	1st and 3rd Fridays
BRIDGNORTH	Northgate	(C) a, d, e, f, g, i, l, m Gp. 15 H.M.C.: o, w Gp. 16 H.M.C.: p, q, s, t, u, v, x, y	Mondays
BROSELEY	Victoria Institute	(R) e, g, m	1st, 3rd and 5th Thursdays
CHURCH STRETTON	Silvester Horne Institute	(R) a, e, g	1st and 3rd Thursdays
CLEOBURY MORTIMER	Parish Hall	(R) e, g, m	1st and 3rd Wednesdays
DAWLEY	Doseley Road	(C) a, d, e, g, l, m Gp. 27 H.M.C.: t	Tuesdays
DONNINGTON	(1) Turreff Hall (2) Army Dental Centre	(C) a, e, g, m (R) e, g	1st, 3rd and 5th Wednesdays 2nd and 4th Fridays
ELLESMERE	Brownlow Road	(C) a, d, e, g, l, m Gp. 27 H.M.C.: t	Tuesdays
HADLEY	Old People's Rest Room	(R) e, g, m	2nd and 4th Tuesdays
HIGHLEY	Miners' Welfare Annexe	(R) a, e, g, m	1st and 3rd Tuesdays
IRONBRIDGE	Severn Bank House, The Wharfage	(C) a, d, e, g, i, l, m Gp. 27 H.M.C.: t	Fridays
LUDLOW	Cliftonville, Dinham	(C) a, b, d, e, f, g, l, m Gp. 15 H.M.C.: o	Mondays
MARKET DRAYTON	Longslow Road	(C) a, d, e, f, g, i, k, l, m Gp. 15 H.M.C.: w Gp. 27 H.M.C.: t	Wednesdays
MUCH WENLOCK	British Legion Hall	(R) a, e, g, m	2nd and 4th Tuesdays
NEWPORT	Boyne House, Beaumaris Road	(C) a, d, e, f, g, l, m	Fridays
OAKENGATES	Stafford Road	(C) a, d, e, g, k, m Gp. 27 H.M.C.: t	Fridays
OSWESTRY	Upper Brook Street	(C) a, c, d, e, f, g, i, l, m Gp. 15 H.M.C.: n, o, s, w Gp. 27 H.M.C.: t Others: r, z	Wednesdays
PONTESBURY	Public Hall	(R) e, g	2nd and 4th Tuesdays
SHAWBURY	Parish Hall	(R) e, g, m	Tuesdays
SHIFNAL	St. Andrew's Hall	(R) e, g	Mondays
SHREWSBURY	(1) Murivance (2) White House	(R) a, b, e, g, h, i, j, l, m (C) a, e, g, i, m	Tuesdays and Fridays Thursdays and Fridays
ST. MARTIN'S	Ifton Miners' Institute	(R) e, g, d	1st, 3rd and 5th Tuesdays
WELLINGTON	Haygate Road	(C) a, c, d, e, g, i, l, m Gp. 15 H.M.C.: w Gp. 27 H.M.C.: t Others: r	Thursdays
WEM	The Shrubbery	(C) a, d, e, g, m Gp. 27 H.M.C.: t	Thursdays
WHITCHURCH	27 St. Mary's Street	(C) a, d, e, f, g, l, m Gp. 15 H.M.C.: o, w	Thursdays

Attendances at Welfare Centres during 1955

Welfare Centre	CHILDREN 0 TO 4 YEARS									EXPECTANT MOTHERS	
	CASES					ATTENDANCES				New Cases	Total Attendances
	Made first attendance when under 1 year	All Cases—Born in				Under 1 year	1 year but under 2	2 years but under 5	Total		
		1955	1954	1953—1950	Total						
‡Alveley	5	3	2	1	6	10	6	2	18	*	*
Bishop's Castle	34	22	31	70	123	284	219	226	729	—	—
Bridgnorth	103	86	105	144	335	1,566	533	569	2,668	18	18
Broseley	45	38	48	67	153	598	211	219	1,028	*	*
Church Stretton	34	25	45	63	133	397	177	201	775	—	—
Cleobury Mortimer	41	21	20	20	61	276	88	62	426	*	*
Dawley	113	88	53	65	206	982	385	218	1,585	—	—
Donnington:											
Turreff Hall	101	87	87	87	261	1,564	275	157	1,996	—	—
Ordnance Depot	49	38	35	39	112	435	91	90	616	*	*
Ellesmere	83	47	44	52	143	637	135	208	980	—	—
Hadley	55	44	72	43	159	708	192	112	1,012	*	*
Highley	37	35	32	51	118	684	111	237	1,032	5	10
Ironbridge	108	97	63	92	252	1,507	334	326	2,167	27	32
Ludlow	120	67	62	82	211	732	132	250	1,114	—	—
Market Drayton	112	83	95	71	249	1,721	488	244	2,453	10	28
Much Wenlock	32	25	29	82	136	300	149	282	731	—	—
Newport	124	99	92	183	374	2,155	639	926	3,720	—	3
Oakengates	112	95	58	54	207	1,031	214	208	1,453	1	1
Oswestry	147	119	106	92	317	1,204	304	165	1,673	—	—
†Pontesbury	64	42	30	35	107	298	109	95	502	*	*
St. Martin's	62	53	14	32	99	378	66	129	573	*	*
Shawbury	81	33	53	89	175	590	265	365	1,220	*	*
Shifnal	57	43	34	45	122	837	166	321	1,324	*	*
Shrewsbury:											
Murivance	359	253	228	231	712	2,959	488	483	3,930	32	162
White House	177	165	176	197	538	2,363	604	434	3,401	28	166
Wellington	162	128	122	198	448	2,114	570	591	3,275	—	—
Wem	66	43	32	41	116	534	195	118	847	—	—
Whitchurch	73	63	38	30	131	658	119	72	849	1	1
TOTAL ..	2,556	1,942	1,806	2,256	6,004	27,522	7,265	7,310	42,097	122	421

Voluntary Clinics (Established by the Royal Air Force and attended by County Council Health Visitors)

Buntingsdale	62	36	36	35	107	707	356	246	1,309	*	*
Cosford	47	31	22	32	85	545	172	219	936	*	*
Stanmore	36	29	35	47	111	740	184	301	1,225	*	*
Ternhill	16	12	4	10	26	136	57	50	243	*	*
TOTAL ..	161	108	97	124	329	2,128	769	816	3,713	—	—

*No Ante-natal clinic

†Opened on 11th January, 1955

‡Opened on 25th October, 1955

Care of Illegitimate Children and Unmarried Mothers

In accordance with the recommendations made in 1943 by the Ministry of Health in Circular No. 2866 with regard to the various problems affecting illegitimate children and unmarried mothers and arrangements for their care, the County Council have, since October, 1945, utilised the services of Moral Welfare Workers employed by the Lichfield and Hereford Diocesan Associations in carrying out the duties outlined in the Ministry's Circular.

In respect of this work, annual grants are paid by the County Council to the Lichfield and Hereford Associations and during 1955 these grants amounted to £445 and £400 respectively.

The County Council have two representatives on the Councils of each of these bodies.

Under the County Council scheme, Health Visitors, District Nurses, Hospitals and Institutions notify the County Medical Officer of confinements (actual and pending) of unmarried mothers of which they become aware in the course of their work, and this information is then forwarded to the appropriate Moral Welfare Worker, who pays an initial visit as soon as practicable, and then visits each case when necessary, but not less frequently than once during each quarter.

Particulars are given in the tables overleaf of the work undertaken by the Moral Welfare Workers during 1955 in connection with the general supervision of unmarried mothers and illegitimate children. With regard to the latter, it will be seen that 77 children came under supervision during 1955 and this represents 44 per cent. of the illegitimate births registered in the County during that year.

Supervisory Work undertaken during 1955

Association	Moral Welfare Workers	Visits made to Mothers and Children	Unmarried Expectant Mothers Visited
Lichfield	1	1,290	50
Hereford	2	510	28
TOTAL ..	3	1,800	78

Children Supervised during 1955

	Total	Lichfield	Hereford
On Register on 1st January ..	419	298	121
Added to Register	77	56	21
Removed from Register	140	92	48
On Register on 31st December ..	356	262	94

Accommodation for Unmarried Expectant Mothers.—Circular No. 2866 of the Ministry of Health indicates that the general care and wellbeing of illegitimate children and unmarried mothers should also aim at social and moral rehabilitation of the latter, and refers to the need for accommodation not only for illegitimate children, but also for the mothers of these children, both prior and subsequent to confinement; this accommodation can be provided either through the agency of a voluntary organisation or directly by the Authority responsible for Maternity and Child Welfare.

To meet these requirements, the Council have arrangements with the Shrewsbury Refuge and Shelter, Chaddeslode, with Myford House, Horsehay, and with St. Martin's Home, Hereford, for the admission of unmarried expectant mothers from this County.

Myford House receives an annual grant of £200 from the Council, but during 1955 it was decided to increase this grant to £300 for the following financial year.

The grant to Chaddeslode is normally £350 per annum, but in July, 1953, this was increased to £450 for that year and an additional contribution of £100 made towards the cost of redecorating and improving the Hostel. In July, 1954, it was decided to renew the grant of £350 for that year and to make a special payment of £100 towards the cost of installing central heating equipment. In May, 1955, the grant of £350 was increased for the financial year 1955—56 by £100, towards the cost of internal redecoration and additional furnishings.

Chaddeslode and Myford House provide a total of 27 beds (16 at Chaddeslode and 11 at Myford) and this accommodation is also open to cases from neighbouring counties.

The County Council have two representatives on the Chaddeslode Executive Committee; the County Medical Officer is a member of the Executive Committees of Myford House and the Hereford Diocesan Association, and the Deputy County Medical Officer is a member of the Executive Committee of Chaddeslode.

By arrangement with the Herefordshire County Council, five beds for Shropshire cases are reserved in St. Martin's Home, Hereford, payment of maintenance costs being made to Herefordshire on a proportionate basis.

The following are the numbers of Shropshire cases admitted to Mother and Baby Homes during 1955:—

St. Martin's Home, Hereford	19
Chaddeslode, Shrewsbury	19
Myford House, Horsehay	5
Mrs. Legge Memorial Home, Wolverhampton ..	6
Parker Memorial Home, Sunderland	1
	—
	50
	—

Principal Dental Officer's Report

The dental service provided for expectant and nursing mothers has benefited from the improvement in the staffing position which took place towards the end of 1953. In 1954 a further slight improvement was made but although vacancies for dental officers were persistently advertised in 1955 no further recruitment of dentists resulted.

The expansion of the service which began simultaneously with the increase in the staff was pressed forward in 1955. Medical Officers, Health Visitors and Nurses were reminded to draw the attention of all mothers to the importance of securing dental treatment for themselves and for their children. The services of the Council's dental staff were freely offered to all those mothers who were not already under dental supervision elsewhere and they were urged to take advantage of these services. As a result of this active policy the demand for examination and treatment for mothers almost doubled and for young children it increased by 75% over the previous year.

The authorised establishment of full-time officers was 11, the same as for the previous year. Throughout 1955 the staff remained at 5.57 in terms of full-timers. The time devoted to the treatment of mothers and pre-school children was equivalent to 0.52 of a full-timer, an increase of 0.14 over the corresponding service rendered in 1954. In addition one officer carried out 42 evening sessions of 2½ hours duration in the Shrewsbury dental clinic.

As the demand for treatment develops the time required will be allocated to deal with it.

Review of the work done during the year.—The statistical tables on page 26 of this report give the details of the numbers dealt with and the work carried out. The increase in the time given to the work by the dental officers during the day, coupled with the treatment carried out during the evening sessions, led to a steep rise in the total output of work done for mothers and children in 1955. The following comparative figures show the expansion of the service which has taken place since 1953:—

<i>Patients dealt with:</i>					1953	1954	1955
Expectant and Nursing Mothers:							
Examined	..	..	..	..	87	158	308
Treated	..	..	..	..	98	184	363
Pre-school Children:							
Examined	..	..	..	..	148	208	364
Treated	..	..	..	..	118	200	344
<i>Treatment carried out:</i>							
Expectant and Nursing Mothers:							
Fillings inserted	..	..	..	..	68	301	654
Extractions	..	..	..	..	353	467	1,287
Dentures supplied	..	..	..	..	59	57	115
Pre-school Children:							
Fillings inserted	..	..	..	..	47	101	177
Extractions	..	..	..	..	145	218	405

The rise in the quantity of conservative treatment carried out per patient which doubled in 1954, increased by a further 12% in 1955. There was no comparable difference in the amount of corresponding work done for young children.

Oral Hygienist.—At the end of April an Oral Hygienist took up duty. Her work consists of the scaling and polishing of teeth, the carrying out of treatment for certain gum conditions and the giving of individual and group instruction in the care of the teeth and in oral hygiene.

The service of the hygienist was divided between the School Health and the Maternity and Child Welfare Services in the proportion of 0.8 and 0.2 respectively. The following are the details of the treatment carried out for mothers and young children:—

Patients treated	..	..	..	..	..	95
Attendances made for treatment	..	..	..	..	..	128
Treatment: Scaling and polishing	..	..	..	..	..	86
Partial scaling	..	..	..	..	..	10
Gum treatment	..	..	..	..	..	5
Clinics visited	..	..	..	..	..	4

All patients seen by the hygienist were given individual instruction in the care of the teeth and in oral hygiene.

Evening Sessions.—At the end of 1954 an evening session was introduced for the benefit of those mothers who find it impossible or inconvenient to attend for dental treatment during the morning or afternoon. These evening sessions proved to meet a need and were held weekly throughout 1955. In addition to being a convenience to patients, these sessions result in a saving of time during the day which became available for the treatment of pupils in schools. If possible evening sessions will be extended in 1956.

Dental Health Education.—In addition to the work by the Oral Hygienist already mentioned to create greater interest in oral hygiene, Health Visitors and Midwives were supplied with suitable pamphlets on the care of the teeth and the means to promote a healthy and sound dentition. Posters and display sets were exhibited at all child welfare centres and a plentiful supply of pamphlets and leaflets distributed. Talks were given to the Health Visitors and Nursing Staff on the importance to expectant and nursing mothers of maintaining a sound dentition. Monthly visits were paid by a Dental Officer to a child welfare centre for the purpose of examining and giving advice to mothers about their own and their children's teeth. Treatment for those requiring it was subsequently combined with these visits.

Construction of artificial dentures and other appliances.—The number of artificial dentures and orthodontic appliances made for patients under treatment is still not sufficient to justify the setting up of a dental laboratory. With the steady expansion of the service, however, it may be advisable to do so in 1957. In the meantime the mechanical work continues to be done by a local firm of dental mechanics.

X-ray Facilities.—Full X-ray facilities are provided in the dental base clinics at Shrewsbury, Oswestry, Ludlow, Newport, Madeley and Bridgnorth.

Provision of Dental Clinics.—The plan for the provision of dental clinic accommodation in the county was carried a step further towards fulfilment by the completion and opening of the subsidiary dental clinic at the Child Welfare Centre at Ellesmere during the year.

Madeley, Bridgnorth and Market Drayton.—The new dental base clinics at Madeley and Bridgnorth and the new subsidiary dental clinic at Market Drayton, though not ready for use in 1955, will all be functioning before the end of 1956.

Whitchurch.—Dental Clinic accommodation is urgently required at Whitchurch. This matter is under consideration and it is hoped that a site for new premises will be acquired in 1956 and building commenced in 1957—58.

G. R. CATCHPOLE,
Principal Dental Officer.

Expectant and Nursing Mothers and Pre-School Children dealt with during 1955

	Mothers			Pre-School Children
	Expectant	Nursing	Total	
Examined	122	186	308	364
Found to require treatment	120	186	306	345
Brought forward for treatment from previous year	43	51	94	17
Total requiring treatment	163	237	400	362
Treatment completed	61	82	143	295
Treatment commenced but abandoned by patient	24	23	47	12
Treatment still in progress on 31st December, 1955	57	116	173	37
Total treated during the year	142	221	363	344
Failed to keep appointments	16	12	28	4
Transferred for treatment by other services	—	—	—	9
Awaiting treatment on 31st December, 1955	5	4	9	5
	21	16	37	18

Expectant and Nursing Mothers and Pre-School Children provided with Dental Care during 1955

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	308	306	363	143
Children under Five	364	345	344	295

Forms of Dental Treatment Provided during 1955

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	152	654	1	3	1287	106	70	45	38
Children under Five	—	177	123	—	405	204	—	—	9

Distribution of Welfare Foods

The County Council now provide under Section 22 of the National Health Service Act, 1946, for the distribution of welfare foods (National Dried Milk, orange juice, cod liver oil and Vitamin A & D tablets), a service which prior to July, 1954, was provided through the Ministry of Food.

The foods are distributed from the various distribution centres and smaller selling points established through the County.

There were on the 31st December, 1955, nine main distribution centres in the County, of which five were staffed by paid part-time workers; and four, through the kind offices of Mrs. I. M. Wilson, O.B.E., County Organiser of the Women's Voluntary Services, by voluntary workers.

The distribution points numbered 90 on the 31st December, 1955, and were established as follows:—

County Council Welfare Centres	..	19
Services Welfare Centres	.. ..	2
Chemist's Shops	.. .. .	2
Other Shops	.. .. .	16
Post Offices	.. .. .	18
Private Houses	.. .. .	18
Schools	.. .. .	9
Others	.. .. .	6
TOTAL	..	90

Thanks are due to all who voluntarily distribute the foods at these points and in many cases also for allowing their premises to be used for this purpose.

Statistical Report.—Particulars of the issues of foods which have been made during the year ended 31st December, 1955, together with comparable figures for the period in 1954 during which the service operated, are given below:—

Items of Food	Total Issues in 1955	Average Weekly Issues	
		Year ended 31st December, 1955	27 weeks period ended 31st December, 1954
National Dried Milk—tins	159,107	3,060	3,428
Orange Juice—bottles	151,450	2,913	2,566
Cod Liver Oil—bottles	29,926	575	573
A. & D. Vitamin Tablets—packets ..	10,751	206	164
TOTAL ..	351,234	6,754	6,731

NURSING STAFF AND SERVICES

Nursing Staff Employed by the County Council.—The following are particulars of the Nursing Staff in the employment of the County Council on 31st December, 1955, with corresponding figures for the two preceding years:—

Nursing Staff	Authorised	On 31st December		
		1953	1954	1955
Superintendent Nursing Officer	1	1	1	1
Deputy Superintendent Nursing Officer	1	1	1	1
Assistant Nursing Officers	3	2	3	3
Tuberculosis Health Visitor	41*	—	1	1
Health Visitors		27	28	26
School Nurses		3	3	3
Home Nurse Midwives	88	75	75	76
Home Nurses—whole-time	8	7	7	7
„ „ part-time	—	2	2	2
Midwives	6	6	5	5
Relief Nurses—whole-time	6	3	3	4
„ „ part-time	—	—	—	3

*In addition to the establishment of 41 whole-time Health Visitors, provision is also made for the part-time services of District Nurse-Midwives as Health Visitors, equivalent to an additional 11 whole-time staff.

District Training.—The Council's scheme for assisting District Nurse-Midwives to take a course of district training under the Queen's Institute of District Nursing was originally adopted in November, 1950, and is open to State Registered Nurses who are also State Certified Midwives.

Training is given at an approved Queen's Training Home, normally for a period of six months, but if the trainee has been employed previously in district work for eighteen months or more, or holds the State Certified Midwife's Certificate, the period is reduced to four months.

On the satisfactory completion of training, the trainee is required to serve the Council for a period of one year, following which she becomes eligible for a permanent appointment, as and when a vacancy occurs.

Only one candidate was recruited for training prior to 1954, but since then ten candidates have been appointed. Nine were successful in passing their examination on the conclusion of their course, and one was still in training at the end of 1955.

Transport.—The majority of Nurses and Midwives employed by the County Council are provided with motor transport for duty purposes, and the position on 31st December, 1955, was as follows:—

Nursing Staff	Cars		Bicycles
	County Council	Privately Owned	
Nurse-Midwives (76)	68	6	2
Midwives (5) ..	3	1	1
Home Nurses (7) ..	2	—	5

Housing of Nursing Staff.—The provision of suitable housing accommodation for nurses and midwives is no more than their due, and is a practical necessity in order to recruit and retain suitable staff. Just under half of the nursing staff whom the Council employ occupy privately owned or rented houses which are unlikely to be available to their successors.

To meet the need for accommodation in such circumstances, the Ministry of Health have approved the erection of a standard-type nurse's house in various areas of the County. During 1955, three houses were completed at Ellesmere and Shrewsbury (2), while at the end of the year, others were in course of erection at Roden, West Felton and Wrockwardine. A further house is scheduled for erection at Hinstock and a pair of bungalows at Newport.

During the year, a District Council house was made available for occupation by one of the District Nurses at Whitchurch by the Urban District Council, to whom the County Council are indebted for their help in this respect and for their promise to undertake the erection of a garage for the nurse's car.

Particulars of the accommodation occupied by Nurses and Midwives in the Council's employment on 31st December, 1955, are as follows:—

Houses	..	owned by the County Council	..	..	..	16
„	..	rented by the County Council	..	..	..	28
„	..	owned by nursing staff or their relatives	..	..	..	9
„	..	rented by nursing staff or their relatives	..	..	..	14
Flats	..	rented by nursing staff or their relatives	..	..	..	1
Rooms	..	rented by nursing staff	..	..	..	7
						—
						75
						—

Arrangement with Radnorshire County Nursing Association.—Under an arrangement with the Radnorshire County Nursing Association, the home nursing and midwifery services in the parishes of Llanfairwaterdine, Bettws-y-Crwyn and Stowe, which have a population of 1,044 and cover an area of approximately 30 square miles, are provided by Radnorshire nurses, for whose services an annual grant of £300 is made by the Salop County Council.

MIDWIFERY SERVICE

Under Section 23 of the National Health Service Act, 1946, the County Council, as Local Health Authority, are required to make available within the County an adequate number of Certified Midwives for attendance on women in their own homes either as Midwives or Maternity Nurses.

These requirements have been met by the Council taking into direct employment those midwives who, immediately prior to 5th July, 1948, were employed by the various County District Nursing Associations. This arrangement does not apply, however, in the extreme south-west area of the County where, as indicated in the preceding section of this Report, midwifery and nursing services are provided by the Radnorshire County Nursing Association on an agency basis.

The County Council are also Local Supervising Authority for the purposes of the Midwives Acts and supervision is carried out by a non-medical supervisor and four assistants.

Notice of Intention to Practise.—The following are particulars of State Certified Midwives who were in practice in this County on 31st December, 1955:—

	Midwives	Qualified to administer Gas/Air analgesia
Local Health Authority—		
Directly employed	81	79
Agency arrangement	2	2
Hospitals—National Health Service ..	46	42
Other	9 }	14
Nursing Homes	11 }	
Private domiciliary practice	2	2
	151	139

Work performed by County Council Midwives.—Set out in the table below are particulars of the domiciliary midwifery work carried out during 1955 by County Council Midwives, with corresponding figures for the preceding two years. During the year, each midwife, either in the capacity of midwife or maternity nurse, attended an average of 23 confinements.

Work performed by County Council Midwives during 1953—1955

Midwives		Confinements Attended			Visits			
		As Midwives	As Maternity Nurses	Total	Ante-Natal	Midwifery	Maternity	Total
Nurse-Midwives ..	..	1,272	376	1,648	17,123	25,894	7,189	50,206
Midwives ..	..	255	18	273	1,902	4,225	184	6,311
TOTAL for 1955 ..		1,527	394	1,921	19,025	30,119	7,373	56,517
,, ,, 1954 ..		1,610	383	1,993	17,883	30,320	7,429	55,632
,, ,, 1953 ..		1,695	320	2,015	17,501	31,086	7,408	55,995

In addition to the work indicated above, County Council midwives attended 1,297 cases up to the fourteenth day of the puerperium following discharge from hospital after confinement.

Analgesia—Gas/Air.—All but two of the midwives directly employed by the County Council have been trained in the use of the Minnitt apparatus for the induction of gas/air analgesia. During the year this was given in 1,310 of the 1,921 cases attended—68 per cent of the total cases as against 69 per cent in 1954.

Year	Midwives		Minnitt Apparatuses provided	Cases attended	Cases in which used	Percentage
	Employed	Qualified				
1953	84	81	79	2,015	1,359	67
1954	83	80	80	1,993	1,384	69
1955	81	79	78	1,921	1,310	68

Pethidine—Prior to 1st April, 1950, practising midwives were not authorised to be in possession of Pethidine, or to administer it other than under the supervision of a medical practitioner, but since the introduction on that date of the Dangerous Drugs (Amendment) Regulations, they have been permitted to acquire, on the order of the County Council as Local Supervising Authority, and use Pethidine on their own responsibility, subject to observance of the following rule of the Central Midwives Board:—

“A practising midwife must not on her own responsibility use any drug including an analgesic, unless in the course of her obstetric training, whether before or after enrolment, she has been thoroughly instructed in its use and is familiar with its dosage and methods of administration or application.”

During 1955, Pethidine was administered by County Council midwives in 973 confinements—51 per cent. of the total cases attended, compared with 41 per cent in the previous year.

Trilene.—There were no administrations of Trilene by County Council midwives in 1955. During the year, four sets of apparatus were acquired and tried out in local hospitals, through the co-operation of the Consultant Obstetricians concerned, with a view to gaining practical knowledge and experience in their use. These apparatuses have now been issued for domiciliary work and others will be obtained as experience warrants and expenditure permits.

General Statistics.—The following statistics relate generally to the work of midwives, both domiciliary and institutional, in this County during 1955.

Confinements attended—Domiciliary cases attended by Midwives

	Employed by County Council		Under agency arrangement	In private practice	Total
Doctor NOT booked:					
Doctor present at delivery		32	—	—	32
No doctor present ..		523	3	4	530
Doctor booked:					
Doctor present at delivery		362	1	4	367
No doctor present ..		1,004	2	1	1,007
TOTAL ..		1,921	6	9	1,936

Institutional Cases attended by Midwives

In National Health Service Hospitals	In other Hospitals	In Nursing Homes	Total
2,092	180	288	2,560

Notifications.—The following particulars relate to notifications which midwives (domiciliary and institutional) are required to send to the County Council as Local Supervising Authority and which were received during 1955, with comparative figures for the preceding two years:—

Year	Notifications received					
	Medical Aid	Still-births	Death of mother or child	Artificial Feeding	Liability to be a source of infection	Having laid out a dead body
1953	667	81	23	181	86	21
1954	574	78	20	219	92	19
1955	559	76	17	318	90	16

Administration of Gas/Air and Pethidine.—The table below gives particulars of the domiciliary cases in which gas/air analgesia and pethidine were administered during 1955:—

Midwives	Domiciliary cases in which analgesics given				Total domiciliary cases attended	
	Gas/Air		Pethidine			
	Doctor Present at delivery	Doctor Not Present	Doctor Present at delivery	Doctor Not present	Doctor Present at delivery	Doctor Not present
Employed by County Council	202	1,108	233	740	394	1,527
Under agency arrangement ..	1	5	1	4	1	5
In private practice	—	2	3	3	4	5
TOTAL ..	203	1,115	237	747	399	1,537

Puerperal Pyrexia.—Under the Puerperal Pyrexia Regulations, 1951, medical practitioners are required to notify, as Puerperal Pyrexia, any febrile condition occurring in a woman in whom a temperature of 100.4 degrees Fahrenheit or more has occurred within 14 days after childbirth or miscarriage.

During 1955, the number of cases of Puerperal Pyrexia notified was 31 (none of which proved fatal) compared with 22 in the previous year.

Pemphigus.—There were no cases of Pemphigus during 1955.

Pre-Eclamptic Toxaemia and the Prevention of Eclampsia.—Reference was made in the Report of the County Medical Officer for 1954 to an arrangement introduced towards the end of that year whereby special reports by midwives are submitted in cases showing signs or symptoms of Toxaemia of Pregnancy, such as rise of blood pressure, albuminuria, oedema or abnormal weight increase. The Health Department thereby accepts some of the responsibility which the midwife shares with the practitioner, the ultimate aim being to safeguard the patient from eclampsia and other dangers.

Any expectant mother whose blood pressure is slightly above the normal limit is visited weekly or twice weekly by the midwife; and where the blood pressure is high, with or without the complications of oedema or albuminuria, the patient is referred to her family doctor, or a medical aid form issued according to the degree of urgency. The midwife continues to share responsibility for the patient and progress is recorded by the submission of regular reports to the Health Department.

Cases confined during 1955 in whom Toxaemia had been reported and who had been the subject of special ante-natal care numbered 185, of whom 134 were confined at home and 51 in hospital. None ended fatally, but there were 11 stillbirths, representing 6 per cent of these confinements. The stillbirth rate per 1,000 live and stillbirths for the County in 1955 was 23.75, or 2.37 per cent.

The table below records the age group and parity of the 185 cases confined in 1955 in whom Toxaemia had been reported. Little in the way of conclusions can be drawn from these figures but it is intended that in the Report for 1956, figures relating to normal domiciliary cases, and to those resulting in stillbirth or premature birth, will be produced for comparison and in the hope that lessons may be learned therefrom.

Age Group	Parity										Total Cases
	Not stated	1	2	3	4	5	6	7	8	9	
15—20 years	—	20	2	—	—	—	—	—	—	—	22
21—25 „	2	20	8	4	4	2	—	—	—	—	40
26—30 „	1	15	13	10	8	5	1	—	—	—	53
31—35 „	—	1	9	8	5	4	6	2	—	1	36
36—40 „	1	1	8	6	6	5	—	1	2	—	30
41—45 „	2	—	—	1	1	—	—	—	—	—	4
TOTAL	6	57	40	29	24	16	7	3	2	1	185

Maternity Outfits.—Under the National Health Service Act, 1946, maternity outfits are supplied by the County Council, without charge, to domiciliary confinement cases.

A small supply of these outfits, together with a stock of extra dressings, is held by every domiciliary midwife, who issues them on request. For distribution to the midwives a bulk supply of maternity outfits is stored in Shrewsbury.

During 1955, a total of 2,231 outfits was issued for domiciliary confinement cases in this County.

Admission of Maternity Cases to Hospital.—Maternity patients are admitted to hospital on two grounds, namely, medical and “social.” When admission is required on medical grounds the necessary arrangements are made by the medical practitioner in attendance; but when admission is desired for other than medical reasons the patient is required to make application to the Medical Officer of Health of the Local Health Authority for the area in which she lives, and each case is then investigated in order to ascertain whether the home circumstances are such that confinement can properly take place at home.

This procedure is undertaken at the request of the Regional Hospital Board to relieve the pressure on maternity accommodation in hospitals. Where, however, unoccupied maternity beds are available after the admission of essential cases, hospitals concerned may at their discretion admit patients who do not qualify on “social” grounds.

During 1955, applications were received from 854 maternity patients for admission to hospital for confinement on “social grounds” and the following is a summary of the results of these applications:—

Recommended for hospital confinement and accepted by hospital concerned ..	693
Recommended but refused by hospital on account of non-availability of beds ..	3
Not recommended	158
(Of these, 128 patients were subsequently accepted for hospital confinement as beds were available)	854

Since the coming into operation of the National Health Service Act there has been an increase in the proportion of hospital confinements, and a fall in the proportion taking place at home; and the following figures which date back to 1946 may be of interest:—

Year	Total	Confinements		Percentage of Domiciliary Confinements
		Domiciliary	Institutional	
1946	4,377	2,292	2,085	52%
1947	5,248	2,760	2,488	53%
1948	4,787	2,217	2,570	46%
1949	4,872	2,244	2,628	46%
1950	4,785	2,016	2,769	42%
1951	4,662	2,064	2,598	44%
1952	4,766	2,080	2,686	44%
1953	4,752	2,055	2,697	43%
1954	4,610	2,034	2,576	44%
1955	4,534	1,963	2,571	43%

Medical Practitioners (Fees) Regulations, 1948.—Under the Rules of the Central Midwives Board, a midwife is required in emergency to seek medical assistance by the issue of a Medical Aid Form, and a fee then becomes payable by the County Council (as Local Supervising Authority) under the Medical Practitioners (Fees) Regulations.

Where, however, a medical practitioner undertakes to provide maternity medical services in accordance with the National Health Service (General Medical and Pharmaceutical Services) Regulations, payment is made by the Local Executive Council, and in such cases the medical practitioner is not entitled to any payment by the Local Supervising Authority under the Medical Practitioners (Fees) Regulations.

The position for the eight years 1948 to 1955 is set out in tabular form below, and it will be seen that, as more cases are being provided with Maternity Medical Services under the National Health Service Act, and are therefore paid for by the Executive Council, there has been a consequent reduction in the number of claims made against the Local Supervising Authority:—

Payments made by County Council under Medical Practitioners (Fees) Regulations

Year	Claims for Payment	Payments by County Council
		£
1948	496	1,296
1949	334	1,168
1950	195	528
1951	150	553
1952	135	398
1953	80	267
1954	19	56
1955	31	123

HEALTH VISITING

Section 24 of the National Health Service Act, 1946, places a statutory obligation upon the County Council to “make provision in their area for the visiting of persons in their homes by health visitors . . . for the purpose of giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection.” The Health Visitor’s duties have, therefore, been greatly extended as, until the “appointed day,” the statutory obligations of the County Council with regard to health visiting were limited to mothers, and to children under five years of age.

Under the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948, no nurse is allowed to undertake health visiting duties unless she has obtained the Certificate of the Royal Sanitary Institute, or an equivalent qualification. Under a special dispensation of the Ministry of Health, however, nurses without this qualification are allowed to undertake certain health visiting duties. Dispensation in respect of part-time Health Visitors employed in this County who do not possess the Health Visitor’s Certificate was originally given by the Ministry for a period of two years from 1st May, 1949, and has since been extended to 31st March, 1957.

The following table indicates the numbers of Health Visitors and Nurse-Midwives engaged, whole-time and part-time respectively, in health visiting duties:—

Health Visiting Staff employed by the County Council

	<i>Authorised Whole-time Establishment</i>	<i>On 31st December</i>		
		1953	1954	1955
Health Visitors and School Nurses	41	30	31	29
District Nurse-Midwives (with Health Visitor’s qualifications) . . }	11	6	8	9
“ “ “ (without Health Visitor’s qualifications) . . }		35	33	33
	—	—	—	—
	52	71	72	71
	—	—	—	—

Note.—The 42 District Nurse-Midwives undertaking part-time Health Visiting duties on 31st December, 1955, were regarded as equivalent to 14 whole-time staff, giving a total of 43 whole-time Health Visitors against an establishment of 52.

Every endeavour is made to recruit Health Visitors to the Council’s service, but, in addition, a training scheme for Health Visitors has been operated by the Council since 1947, as a means of supplementing the provision of trained staff.

Health Visitor Training Scheme.—The Council’s Training Scheme, originally adopted in March, 1947, and subsequently modified in May, 1950, and May, 1951, is open to State Registered Nurses under 35 years of age who have either obtained the State Certified Midwives Certificate, or have completed Part I of the training for that certificate, and who are willing to enter into a contract of service with the County Council for a period of thirty-three months from the date of commencement of training. Under this scheme, the training and examination fees are met by the County Council and the student receives in respect of her period of training (approximately nine months in duration) three-quarters of the minimum salary recommended for a Health Visitor by the Nurses and Midwives Whitley Council, subject to one-third of that amount being held over until she has passed the final examination for the Health Visitor’s Certificate.

On the successful completion of her training, the student enters the Council's service for the remaining period (two years) of her contract at the full minimum salary of a Health Visitor and at the end of this period, subject to satisfactory service, she is offered permanent employment in the County.

As a matter of interest, the cost to the County Council of training a Health Visitor under this scheme is set out below:—

		£	s.	d.
During training (50 % of minimum salary)	..	166	17	6
On qualifying (25 % of minimum salary)	.. ..	83	8	9
Tuition fee (average)	.. .. .	17	10	0
Examination fee	.. .. .	6	6	0
Travelling allowance (5/- per week)	.. ..	9	15	0
		£283	17	3

Since the inception of the Health Visitor Training Scheme in 1947, until 31st December, 1955, the number of students accepted for training was 25, of whom 21 were successful in obtaining their Certificates. Two students, recruited during 1955, were in training at the end of the year.

Work performed.—During the year, the duties of whole-time and part-time Health Visitors involved visits, for one reason or another, to 14,851 families in this County, compared with 16,425 families visited in 1954. Most of their visits were to children under 5 years of age, of whom 20,961 were visited, as against 20,988 in the previous year. Particulars of these visits are summarised in the table below, with corresponding figures for 1953 and 1954:—

Visits paid by Health Visitors during 1955

Health Visiting Staff	Expectant Mothers		Children					T.B. Households	Other Cases	All Visits—Grand Total
			Under 1 year		1 and under 2 years	2 and under 5 years	Total Visits			
	First Visits	Total	First Visits	Total						
Whole-time .. 26	465	1,011	3,090	20,231	11,502	19,479	51,212	3,237	4,859	60,319
Part-time .. 42	—	—	1,194	9,212	4,671	8,378	22,261	302	480	23,043
Total for 1955 ..	465	1,011	4,284	29,443	16,173	27,857	73,473	3,539	5,339	83,362
„ „ 1954 ..	329	858	4,255	31,345	16,537	28,469	76,351	3,296	5,490	85,995
„ „ 1953 ..	349	780	4,520	30,634	14,810	29,687	75,131	764	3,943	80,618

In addition to the above, the whole-time Tuberculosis Health Visitor made 786 visits to tuberculous households.

HOME NURSING

As Local Health Authority, the County Council are required under Section 25 of the National Health Service Act, 1946, to make provision for securing the attendance of nurses on persons who require nursing in their own homes.

As in the case of the domiciliary midwifery service, the Council elected to provide home nursing by the direct employment of the nurses who were, previous to 5th July, 1948, employed by the various District Nursing Associations, and who were transferred to the Council's employment on that date.

Of the 7 full-time Home Nurses in the service of the Council at the end of 1955, six were employed in Shrewsbury and one in Ludlow. Elsewhere in the County, home nursing duties are undertaken by the home nurse-midwives in the various nursing areas.

With regard to specific aspects of home nursing, the Minister of Health has requested the inclusion in this report of information relating to developments in the service, including special provision made for the home nursing of sick children and also some analysis of the types of work Home Nurses are called upon to do, for example, the extent to which they are required to pay special visits for the purpose of giving injections.

The principal and perhaps only development in the Home Nursing Service during the year was of an administrative nature. In order to produce statistical data of the type now demanded, and to provide the necessary basis for review of the Service in the light of the demands made upon it, it has proved desirable to re-organise the system of Home Nursing records. Due regard has been had to the recommendations contained in "A Memorandum on the Use of a Proposed District Nursing Record Card," prepared by a special Committee and adopted by the Council of the Society of Medical Officers of Health in May, 1955.

Individual home nursing case records have now been taken into use and future statistics will be compiled on a punched card system.

Work performed—The following table gives particulars of the numbers of cases nursed at home and of the visits paid by the Home Nurses during 1955, and includes cases attended under the agency arrangement with Radnorshire referred to on page 28.

	Medical	Surgical	Infectious Diseases	Tuber- culosis	Maternal Compli- cations	Others	Total
CASES: Local Health Authority	6,228	2,672	66	159	162	3,527	12,814
Voluntary Organisation	11	5	—	—	1	—	17
TOTAL ..	6,239	2,677	66	159	163	3,527	12,831
VISITS: Local Health Authority	116,780	38,961	444	6,929	1,311	4,882	169,307
Voluntary Organisation	164	38	—	—	9	—	211
TOTAL ..	116,944	38,999	444	6,929	1,320	4,882	169,518

Of the total of 12,831 cases attended:—

2,877 (22.4 per cent) were 65 years of age or over at the time of the first visit during the year and received 78,800 (40.6 per cent) of the total visits;

931 (7.3 per cent) were children under 5 years of age at the time of the first visit during the year and received 5,445 (3.2 per cent) of the total visits; and

1,592 (12.4 per cent) were patients of all categories who received more than 24 visits during the year and accounted for 102,149 (60.3 per cent) of the total visits.

The 12,831 cases attended received treatment as indicated below. Many patients received treatments of more than one category but for simplicity these have been classified according to the type of treatment constituting the main reason for home nursing attendance:—

Treatment	Cases	Percentage
Injections	2,567	20.0
Blanket baths	416	3.2
Enemas	458	3.6
Dressings	1,972	15.4
Changing of pessaries	332	2.6
Washouts, douches, catheterisation, etc. ..	297	2.3
General nursing care	2,495	19.4
Attendance at minor operations	34	0.3
Preparation for diagnostic investigation ..	309	2.4
Others	3,951	30.8
TOTAL ..	12,831	100.

Nursing of Sick Children.—No special arrangements are in force for the nursing of sick children, other than those applicable to premature infants. Premature baby cots, complete with stand, mattress, blankets, mackintosh sheet, hot water bottles and special feeder are held by Home Nurse-Midwives in strategic parts of the County for use in such cases. With regard to other children, excellent liaison exists between the Department and Dr. Macaulay, Consultant Paediatrician at the Monkmoor Children's Hospital, Shrewsbury.

Figures above show that 931 children under 5 years of age received Home Nursing care during 1955. The following particulars show the types of cases attended:—

	Cases
Infectious diseases	43
Parasitic diseases	10
Scalds, burns, etc.	84
Cuts, abrasions, etc.	55
Septic conditions	51
Accidents and injuries	29
Constipation	43
Other diseases of digestive system	122
Mental and nervous disorders	14
Respiratory diseases	167
Diseases of skin and subcutaneous tissues ..	75
Diseases of the eye	18
Diseases of the ear	61
Diseases of urinary system and genital organs ..	81
Diseases of bones, joints and muscles	6
Others	72
TOTAL ..	931

Injection Cases.—The figures relating to treatments given by the Home Nurses show that 2,567 patients (20 per cent of the total cases) received injections during the year. Of these, 2,226 (or 86.6 per cent of the injection cases) were attended *solely for that purpose* and received 46,093 (or 21.3 per cent) of the total visits. Below are given particulars of these cases:—

	Cases	Visits
Respiratory diseases	391	2,590
Diseases of skin and subcutaneous tissue	351	2,430
Anaemia	331	7,987
Diseases of heart and arteries	226	6,016
Septic conditions	187	1,193
Diabetes mellitus	140	15,978
Tuberculosis	137	5,828
Diseases of the ear, nose and throat	121	803
Diseases of urinary system and genital organs	55	431
Diseases of digestive system	26	178
Diseases of bones, joints and muscles	25	490
Infectious diseases	23	276
Accidents and injuries	23	120
Asthma	20	239
Complications of pregnancy	19	118
Mental and nervous disorders	13	192
Diseases of veins	12	71
Diseases of the eye	10	48
Senility	7	152
Cancer	7	185
Vascular lesions affecting central nervous system	2	25
Others	100	743
TOTAL ..	2,226	46,093

VACCINATION AND IMMUNISATION SERVICE

Section 26 of the National Health Service Act, 1946, requires the County Council, as a Local Health Authority, to make arrangements, in which general medical practitioners may participate, for vaccination against smallpox of persons resident within their area, and also for the immunisation of such persons against diphtheria. The Authority also has permissive powers to make similar arrangements, subject to approval of the Minister of Health, for vaccination or immunisation against any other disease.

Vaccination.—Successful vaccination gives, after about 12 days, complete protection against death from Smallpox, and almost complete protection against catching the disease even when exposed to it. This protection lasts for some years, and is then renewable safely and easily.

Smallpox is a real risk and occurs without warning. Outbreaks are of two kinds. That in Lancashire in 1952 was not the “killing” kind, but many who got Smallpox were very uncomfortable and had their lives disturbed; they looked horrible and risked disfigurement; and they were highly dangerous to those who had not been protected by successful vaccination. Outbreaks in Yorkshire and Lancashire early in 1953 were of the “killing” kind, and several deaths occurred with shocking suddenness. Yet deaths from Smallpox are quite unnecessary. They need never occur at all, because complete protection is so easily available.

Vaccination is best done in infancy. Besides protecting infants from a fortnight after they have been successfully vaccinated, this makes re-vaccination later in life less prone to the unpleasant consequences that occasionally follow when vaccination has to be performed for the first time in older children or adults, whether as an emergency measure during an outbreak of Smallpox, or as a routine procedure demanded on going to a Boarding School, or before travel abroad, or on being called up for National Service.

During 1955, the Minister of Health drew special attention to the importance of primary vaccination in infancy and of re-vaccination in later years, with particular reference to the re-vaccination of children within two or three years of entering school, not only to maintain or revive their individual protection but also to facilitate substantially the control of local outbreaks of smallpox. For these reasons, the re-vaccination of school children is to be encouraged and Local Health Authorities have been asked to co-operate accordingly.

The Council’s proposals under the National Health Service Act have, therefore, been amended to provide for the vaccination and re-vaccination of school children and adults; and to allow the Council to extend their schemes under Section 26 of the Act, with the Minister’s agreement, to other diseases, the following addition to these proposals has also been made:—

“It is proposed also to make arrangements for offering to persons in the Council’s area, or to any groups of such persons, immunisation against any other disease in respect of which authority is sought from and given by the Minister of Health. The Medical Officer of Health will be responsible for keeping records directed towards assessing the value of any such form of immunisation.”

Arrangements for the vaccination and re-vaccination of school children are at present under consideration.

Under the County Council’s present scheme, parents may have their children vaccinated either by a medical practitioner of their own choice in general practice, or by an Assistant County Medical Officer at a County Council Welfare Centre.

Lists of births registered each month are received from the Local Registrars, and a letter with a detachable consent form, for completion and return to the County Medical Officer, is then sent to the parents of the infants whose births have been registered, offering the choice of vaccination by the private medical practitioner or by an Assistant County Medical Officer. Upon receipt of the consent form, appropriate arrangements are made for vaccination to be performed when the infant attains the age of four months. Persons of all ages, adults and children can, however, be vaccinated or re-vaccinated upon request under the County Council's scheme.

The table below gives particulars of persons of all ages who were vaccinated or re-vaccinated in this County during 1955:—

Persons Vaccinated or Re-Vaccinated during 1955

	Vaccinated by	Under 1 year		1—4 years		5—14 years		Over 15 years		Total	
		P	S	P	S	P	S	P	S	P	S
Primary Vaccinations	Medical Officers ..	557	516	44	41	20	19	2	1	623	577
	General Practitioners	1,855	1,787	147	135	85	78	129	123	2,216	2,123
	TOTAL ..	2,412	2,303	191	176	105	97	131	124	2,839	2,700
Re-Vaccinations ..	Medical Officers ..	—	—	2	2	5	2	7	5	14	9
	General Practitioners	—	—	12	9	78	69	412	389	502	467
	TOTAL ..	—	—	14	11	83	71	419	394	516	476

P = Performed S = Successful

Reference to the table above shows that 2,303 infants were successfully vaccinated before attaining one year of age, and this represents approximately 52 per cent of the 4,398 births registered in and applicable to this County during 1955. These two figures (2,303 and 4,398) are not strictly comparable, but their comparison is the only means of giving a reasonably accurate estimate of the infant vaccination state during 1955.

Particulars are given in the table below of the distribution in the areas of Local Sanitary Authorities within the County of all persons vaccinated or re-vaccinated during 1955.

Primary Vaccinations and Re-Vaccinations performed during 1955

Area	Local Sanitary Authority	Under 1 year		1—4 years		5—14 years		15 years and over	
		P	S	P	S	P	S	P	S
North-West Combined Districts	Ellesmere Urban ..	14	10	6	6	2	1	16	15
	Ellesmere Rural ..	72	71	6	6	4	3	11	11
	Wem Urban ..	37	30	5	5	22	20	5	4
	Wem Rural ..	143	135	12	9	25	23	17	10
	Whitchurch Urban ..	49	48	1	1	1	1	11	10
North-East Combined Districts	Dawley Urban ..	84	68	2	1	4	4	14	13
	Market Drayton Urban	64	62	9	9	3	3	9	9
	Drayton Rural ..	107	106	13	13	16	14	8	8
	Newport Urban ..	54	54	1	1	3	3	4	4
	Oakengates Urban ..	69	69	6	6	—	—	2	2
	Shifnal Rural ..	114	113	9	9	15	15	29	28
	Wellington Urban ..	73	71	2	2	2	1	13	12
	Wellington Rural ..	189	181	11	11	3	3	14	14
South-West Combined Districts	Atcham Rural ..	187	180	12	11	2	1	40	34
	Bishop's Castle Borough	19	19	3	3	—	—	3	2
	Church Stretton Urban	23	23	—	—	4	4	12	12
	Clun Rural ..	85	81	6	6	1	1	7	6
	Ludlow Borough ..	53	48	1	—	1	1	13	13
	Ludlow Rural ..	167	152	11	7	9	8	28	27
	Wenlock Borough ..	92	90	17	15	9	9	34	33
Bridgnorth ..	Bridgnorth Borough ..	57	51	6	5	4	4	32	32
	Bridgnorth Rural ..	128	125	17	14	14	14	23	23
Oswestry ..	Oswestry Borough ..	59	58	7	7	9	8	19	19
	Oswestry Rural ..	100	99	8	7	8	6	37	35
Shrewsbury ..	Shrewsbury Borough ..	373	359	34	33	27	21	149	142
	TOTAL ..	2,412	2,303	205	187	188	168	550	518

Diphtheria.—There was no notified case of Diphtheria in this County in 1955.

The following statistics giving the incidence of Diphtheria and the numbers of deaths among persons of all ages in this County during the past twenty years show the extent to which immunisation has succeeded in reducing the morbid and mortality rates:—

Notifications of, and Deaths from, Diphtheria since 1936																				
	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Notifications ..	301	206	185	133	236	237	121	53	25	7	10	17	1	5	2	—	1	—	—	—
Deaths ..	21	7	19	13	11	9	6	6	1	—	2	2	—	1	—	—	—	—	1*	—

*Death of woman aged 72, due to Syncope, Toxaemia and Throat Infection and assigned by Registrar-General as due to Diphtheria, swab negative.

Under the County Council's scheme for immunisation against Diphtheria, parents can have their children immunised either by a medical practitioner of their own choice who is engaged in general practice, or by an Assistant Medical Officer at a County Council school or Welfare Centre.

The table below gives particulars of the children under 5 years of age, and of those between the ages of 5 and 14, who were immunised under the County Council's scheme during 1955, with the corresponding figures for 1954; and the table on page 38 shows the distribution of these children in the areas of the various Sanitary Districts according to their places of residence.

Children Immunised against Diphtheria during 1954 and 1955

Immunised by	Primary Immunisations						Re-inforcing Injections	
	Under 5 years		5—14 years		Total			
	1954	1955	1954	1955	1954	1955	1954	1955
Medical Officers ..	1,057	927	234	274	1,291	1,201	2,895	2,572
General Practitioners	2,246	2,088	164	167	2,410	2,255	1,220	1,285
TOTAL ..	3,303	3,015	398	441	3,701	3,456	4,115	3,857

For the effective control of this disease, it is necessary that 75 per cent of the children should be immunised before attaining one year of age and Ministry of Health statistics show that of the children in England and Wales who reached their first birthday during 1954, only 36 per cent had been immunised.

In this County during 1955, a total of 1,689 children were immunised when under one year of age and 290 of these children were born in that year. If the optimum age for immunisation against Diphtheria is 8 months, only one-third of the children born during 1955 would reach the age for immunisation and this figure of 290 represents 19.8 per cent of those eligible for protection. There is need, therefore, for greater efforts on the part of all concerned to emphasize to parents the necessity for early immunisation of their children.

Set out in tabular form below is a statement showing the numbers and percentages of the child population in this County, of and under compulsory school age, who have been immunised against Diphtheria during the period from 1st January, 1941, to 31st December, 1955:—

Immunisation in relation to Child Population

		Age Groups and Year of Birth				Total
		Under 1 year (1955)	1 to 4 years (1954—1951)	5 to 9 years (1950—1946)	10 to 14 years (1945—1941)	
Immunised in:						
(a) 1951 to 1955	.. ..	290	11,071	11,998	6,044	29,403
(b) 1950 or earlier	.. ..	—	—	8,346	13,309	21,655
Estimated mid-year (1955) child population	.. ..	4,400	18,100	47,800		70,300
Immunity index	.. ..	6.6%	61.2%	83.0%		72.6%

Children Immunised in the various Sanitary Districts

Area	Local Sanitary Authority	Immunised during 1955				Child population immunised at 31st Dec., 1955
		Primary			Re-inforcing	
		Under 5	5—14	Total 0—14		
North-West Combined Districts	Ellesmere Urban	17	4	21	25	464
	Ellesmere Rural	81	18	99	79	1,459
	Wem Urban	40	9	49	66	543
	Wem Rural	179	16	195	113	2,305
	Whitchurch Urban ..	51	4	55	48	1,113
North-East Combined Districts	Dawley Urban	99	10	109	161	1,712
	Market Drayton Urban ..	74	16	90	78	1,120
	Drayton Rural	143	24	167	178	2,003
	Newport Urban	55	4	59	91	823
	Oakengates Urban ..	89	3	92	19	1,549
	Shifnal Rural	120	7	127	189	2,268
	Wellington Urban ..	122	12	134	136	1,799
	Wellington Rural ..	225	48	273	140	4,242
South-West Combined Districts	Atcham Rural	272	28	300	368	4,163
	Bishop's Castle Borough	11	4	15	24	265
	Church Stretton Urban ..	40	2	42	17	361
	Clun Rural	105	8	113	95	1,709
	Ludlow Borough	82	6	88	56	1,272
	Ludlow Rural	175	12	187	132	2,603
	Wenlock Borough ..	157	27	184	289	2,451
Bridgnorth	Bridgnorth Borough ..	91	19	110	45	1,026
	Bridgnorth Rural	134	10	144	140	2,338
Oswestry	Oswestry Borough ..	117	40	157	241	2,076
	Oswestry Rural	109	36	145	182	3,445
Shrewsbury	Shrewsbury Borough ..	427	74	501	934	7,949
	WHOLE COUNTY	3,015	441	3,456	3,857	51,058

Whooping Cough.—Notifications of cases of Whooping Cough received during 1955 numbered 871, and there was no death from this disease.

Since the coming into operation of the National Health Service Act, facilities for immunisation against Whooping Cough have been available in this County on lines similar to those for immunisation against Diphtheria, except that they have been restricted to those children whose parents make a specific request to have them immunised, no efforts being made to influence parents on this question.

In view of the demand for immunisation against both Diphtheria and Whooping Cough to be undertaken at the same time, use is now being made of a combined prophylactic. The optimum age for immunisation against Whooping Cough is four months or younger, and the types of preparation used are suspended pertussis vaccine, suspended diphtheria-pertussis prophylactic and suspended diphtheria-tetanus-pertussis prophylactic.

The tables below give particulars of the notified cases of, and deaths from, Whooping Cough in this County in the past fifteen years; and of the children immunised against this disease during 1955, with corresponding figures for 1954:—

Notifications of, and Deaths from, Whooping Cough, 1941 to 1955

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Notifications	986	351	705	609	483	591	465	1068	478	465	1308	678	934	950	871
Deaths	14	6	11	6	4	4	2	9	4	1	4	4	4	—	—

Children Immunised against Whooping Cough in 1954 and 1955

Immunised by	0—4 years		5—14 years		Total	
	1954	1955	1954	1955	1954	1955
Medical Officers ..	500	875	22	48	522	923
General Practitioners	1,341	1,718	95	170	1,436	1,888
TOTAL ..	1,841	2,593	117	218	1,958	2,811

AMBULANCE SERVICE

Under Section 27 of the National Health Service Act, 1946, Local Health Authorities are responsible for ensuring that “ambulances and other means of transport are available, where necessary, for the conveyance of persons suffering from illness or mental defectiveness or expectant or nursing mothers from places in their area to places in or outside their area.”

Section 24 of the National Health Service (Amendment) Act, 1949, resulted in a modification of this clear cut definition of responsibility in that the Local Health Authority from whose area a patient has been admitted to hospital is required to bear the cost of ambulance facilities for the return journey on the patient's discharge if this occurs within three months from the date of admission.

General Organisation.—During the years since the “Appointed Day” the development of the Ambulance Service has provided a considerable amount of information for inclusion in this Report. During 1955, as a result of work previously achieved, development has not been so extensive but, in order to make the statistics given herein intelligible to anyone who may be reading one of these reports for the first time, it is necessary to repeat a certain amount of information which has appeared in the past.

Ambulance Stations.—The Service is operated from a main central station at Shrewsbury and from subsidiary stations at Oswestry, Whitchurch, Market Drayton, Donnington, Much Wenlock, Bridgnorth, Ludlow and Bishop's Castle. These stations, with the exception of those at Shrewsbury and Oswestry, which are owned by the Council, are in rented premises.

Central Control.—A Senior Operational Controller and five Assistant Controllers operate the Service throughout the County from a Central Ambulance Control at Ambulance Service Headquarters in Shrewsbury (Telephone No. Shrewsbury 6331) to which all enquiries should be made, and which is manned throughout the twenty-four hours so that effective action can be taken at any time.

Radio-Telephony.—To provide a more efficient, and, it is hoped, economical method of control of the Ambulance Service vehicles on the road, two-way radio-telephony equipment has been installed in 13 ambulances and 5 cars, and a further 9 mobile sets will be installed during the next twelve to eighteen months. The main transmitter was transferred during the year to Abdon Burf (height 1,795 feet) the highest point of the Brown Clee Hill, and is housed in a building shared with the Midlands Electricity Board. In addition a reserve transmitter is situated at Lyth Hill (height 560 feet) on ground made available by agreement with the Atcham Rural District Council.

It is exceedingly difficult to state definitely that economies in the operational cost of the Service have been achieved by the use of radio. There is no doubt, however, that the use of radio-telephony enables far more effective control of the vehicles to be maintained at all times and thus ensures a more efficient service for the public. The practice of holding a vehicle in reserve for emergencies is no longer of paramount importance because a vehicle can usually be diverted to the scene of an emergency by the use of radio-telephony.

The use of radio-telephony continues to be recommended by the Ministry of Health as one of the means of ensuring that the utmost use is made of existing resources in an effort to halt the rising cost of the Ambulance Service throughout the country.

Co-operation with other Services.—Direct telephone lines exist between the Police and Ambulance Service control rooms, enabling excellent liaison to be maintained.

Arrangements with other Ambulance Authorities and the National Coal Board.—The County Council have continued to serve parts of the adjacent districts in Cheshire, Staffordshire, Denbighshire and Flintshire, in accordance with the agreements made with these Authorities; and arrangements for reciprocal aid in case of emergency in border areas have continued to function satisfactorily.

Transport is provided for cases within the responsibility of the National Coal Board, the costs incurred being re-imbursed by the Board.

Education Committee.—Transport is provided when required, and when within the ability of the Ambulance Service to give it, for the conveyance of children requiring speech therapy or other special educational treatment, the cost of such transport being reimbursed in accordance with the terms of the Education Act, 1944.

Vehicles.—The following table shows the distribution of ambulances and sitting-case cars at 31st December, 1955, with comparative figures for 1954.

Establishment of Ambulances and Sitting-case Cars

Ambulance Station	Ambulances			Sitting-case Cars		
	Authorised	31st December		Authorised	31st December	
		1954	1955		1954	1955
Shrewsbury	15	15	15	6	8	7
Oswestry	3	3	3	3	3	3
Whitchurch	2	2	2	—	—	—
Market Drayton	1	1	1	—	—	—
Donnington and Shifnal ..	5	5	5	2	2	2
Wenlock	1	1	1	—	—	—
Bridgnorth	2	2	2	1	1	1
Ludlow and Craven Arms ..	3	3	3	1	1	1
Bishop's Castle	1	1	1	—	—	—
Retained additional to establishment for Civil Defence Purposes	—	7	6	—	—	—
TOTAL ..	33	40	39	13	15	14

Repairs.—With certain exceptions, vehicle maintenance and repair is carried out by the mechanic employed in the Ambulance Service, and by the County Council Workshop at the Central Highway Depot, Meole Brace, Shrewsbury.

Personnel.—During the year the Ambulance Service shared with other concerns the difficulties arising out of full employment. It is not easy to obtain the right type of person to fill vacancies in the operational or control staff of the Service.

In one or two areas the part-time service given so efficiently in many parts of the County, has had to be augmented by the appointment of whole-time drivers all within the establishment of the service fixed by the County Council and still well below the original figure suggested by the Ministry of Health.

Particulars are given in the following table of the personnel, full-time and part-time, employed on operational duties in the County Ambulance Service on 31st December, 1954, and on 31st December, 1955.

Establishment of Ambulance Service Personnel

Ambulance Station	Authorised		31st December, 1954						31st December, 1955					
	Full-time		Full-time		Part-time				Full-time		Part-time			
	Drivers	Attendants	Driver-Attendants	Atten-dants	Driver-Attendants	Attendants			Driver-Attendants	Atten-dants	Driver-Attendants	Attendant		
						M.	M.	F.				M.	M.	F.
Shrewsbury	19	12	23	5	—	2	5		25	6	—	2		5
Oswestry	4	2	6	—	1	6	9		6	—	1	6		5
Whitchurch	1	1	1	—	3	2	4		1	—	3	2		4
Market Drayton ..	1	1	—	—	3	—	1		—	—	3	—		1
Donnington & Shifnal	5	4	3	—	1	—	3		4	—	1	—		3
Wenlock	1	1	—	—	1	—	—		—	—	1	—		—
Bridgnorth	2	1	1	—	2	1	3		2	—	—	1		3
Ludlow & Craven Arms	3	2	—	—	6	5	9		—	—	6	5		5
Bishop's Castle ..	1	1	—	—	4	1	2		—	—	4	1		2
TOTAL ..	37	25	34	5	21	17	36		38	6	19	17		36

The figures in the table above, expressed in terms of full-time personnel employed on a 44-hour week without overtime or stand-by duties, give the table below:—

Establishment of Ambulance Service Personnel on 31st December

Year	Full-time		Part-time (in terms of full-time)			Total			Authorised	
	Driver-Attendants	Attendants	Driver-Attendants	Attendants		Driver-Attendants	Attendants		Full-time	
				M.	F.		M.	F.	Drivers	Attendants
	M.	F.	M.	M.	F.	M.	M.	F.		
1954	34	5	6½	1	5½	40½	1	10½	37	25
1955	38	6	6	1½	6	44	1½	12	37	25

Work Performed.—Much has been said from time to time about the misuse and abuse of the Ambulance Service. When one considers the number of patients conveyed annually it must be realised that to eliminate misuse entirely is almost impossible, but so far as Shropshire is concerned it is not considered that abuse is extensive. Constant watch is kept on the requests for ambulances and if there is any doubt about any case it is the practice to take up the question with either the hospital or the doctor who ordered the transport in order that any flagrant abuse can be immediately dealt with. Members of the public cannot themselves order ambulance or car transport for routine journeys; only the medical and nursing profession and certain restricted medical auxiliaries can order transport for what comprises the greater portion of ambulance service work, the conveyance of patients to and from hospital and out-patient clinics.

If a member of the public reports an emergency to the Ambulance Control then action is taken, but even in such cases the action does not always entail the immediate despatch of an ambulance, as the caller may sometimes be helped by advice about obtaining the services of a doctor, midwife or nurse.

In Shropshire the Ambulance Service has always been organised and operated on the lines suggested by the Ministry of Health from time to time, indeed generally without the need of suggestions from outside. Shropshire is probably unique in that, not including a County Borough in its area, it is a County with a Central Control which works in close liaison with a centralised Bed Bureau for the No. 15 Group of hospitals, the senior officers of which are always readily accessible to the County Medical Officer of Health and the County Ambulance Officer if the need arises, the latter officers reciprocating when an enquiry may move the other way.

When the Service was first organised in 1948, the presence of the Orthopaedic Hospital in Shropshire caused the County Ambulance Service considerable work in returning patients to their homes. Although that work was reduced by the introduction of the Amendment Act, the liaison established with the Ambulance Services of the areas which send their cases to the Orthopaedic Hospital is still maintained because even now a considerable number of long distance journeys are performed. Whenever possible returning vehicles of either this or any other authority are used for the conveyance of patients rather than that they should return empty. It must be realised of course that this type of co-ordination is more useful in the more urbanised areas of the country than it is on the long isolated runs which are carried out from Shropshire.

With all the measures taken for economy the calls on the Service continue to increase and with the constant provision of additional out-patient facilities, the more rapid diagnosis of illness and the rising average age of the population, it is hard to say when this increase will be arrested.

The increase in the work carried out by the Ambulance Service since the “appointed day” and the distribution of work between ambulances and sitting-case cars is shown in the table below:—

Work performed by Ambulances and Sitting-case Cars, 1948 to 1955

Year	Ambulances		Cars		Women's Voluntary Services		Total	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
*1948	4,352	126,269	912	32,276	1,205	38,888	6,469	197,433
1949	12,732	322,470	6,209	197,687	2,985	101,888	21,926	622,045
1950	18,547	408,260	9,122	233,936	2,765	98,363	30,434	740,559
1951	20,613	399,382	11,366	250,730	2,497	80,012	34,476	730,124
1952	23,706	426,423	15,733	305,677	1,811	51,617	41,250	783,717
1953	28,720	465,640	17,760	324,994	2,190	53,692	48,670	844,326
1954	32,566	508,720	20,820	351,637	2,791	47,254	56,177	907,611
1955	41,140	584,714	20,306	352,672	2,212	33,617	63,658	971,003

*From 5th July

In 1955 a further reduction was achieved in the mileage travelled per patient. The following table shows how this figure has been successively reduced in the years 1949 to 1955.

Patients Carried and Mileage Covered

Year	Patients	Mileage	Mileage per Patient
1949	21,296	622,045	28.4
1950	30,434	740,559	24.3
1951	34,476	730,124	21.2
1952	41,250	783,717	19.0
1953	48,670	844,326	17.4
1954	56,177	907,611	16.2
1955	63,658	971,003	15.2

Particulars of the work undertaken each month during 1955 are given in the table below, together with comparative figures for the previous year.

Patients conveyed, and distances travelled, by the Ambulance Service during 1954 and 1955

Month	Ambulances				Sitting-case Cars				Total					
	Journeys		Mileage		Journeys		Mileage		Journeys		Mileage		Patients	
	1954	1955	1954	1955	1954	1955	1954	1955	1954	1955	1954	1955	1954	1955
January ..	1,464	1,533	40,070	48,259	1,139	640	30,957	26,990	2,603	2,173	71,027	75,249	4,601	4,829
February ..	1,424	1,342	38,474	39,912	963	623	29,960	30,559	2,387	1,965	68,434	70,471	4,518	4,687
March ..	1,602	1,565	41,703	47,630	1,115	809	35,013	36,181	2,717	2,374	76,716	83,811	4,983	5,622
April ..	1,360	1,486	41,402	44,506	907	764	28,662	33,674	2,267	2,250	70,064	78,180	4,296	4,988
May ..	1,509	1,531	43,293	46,281	966	758	31,764	36,052	2,475	2,289	75,057	82,333	4,559	5,550
June ..	1,300	1,522	39,762	48,841	957	752	32,581	34,364	2,257	2,274	72,343	83,205	4,328	5,294
July ..	1,518	1,858	46,849	53,454	986	758	34,508	31,974	2,504	2,616	81,357	85,428	4,847	5,337
August ..	1,247	1,660	38,801	51,586	1,039	733	32,819	30,432	2,286	2,393	71,620	82,018	4,523	5,016
September ..	1,306	1,879	42,532	50,033	1,149	823	35,899	30,634	2,455	2,702	78,431	80,667	4,793	5,514
October ..	1,336	1,981	42,532	52,497	1,228	793	40,058	30,589	2,564	2,774	82,590	83,086	4,861	5,699
November ..	1,399	1,827	44,965	50,263	1,006	855	36,226	33,934	2,405	2,682	81,191	84,197	5,065	5,642
December ..	1,575	1,849	48,337	51,452	803	824	30,444	30,906	2,378	2,673	78,781	82,358	4,803	5,480
TOTAL ..	17,040	20,033	508,720	584,714	12,258	9,132	398,891	386,289	29,298	29,165	907,611	971,003	56,177	63,658

The table below shows the work performed by each of the Ambulance Stations during 1955:—

Work performed by Ambulance Stations during 1955

Ambulance Station	Journeys	Patients	Mileage	Staff (i.e. drivers and attendants) as at 31st Dec., 1955 (in terms of whole-time personnel)
Shrewsbury	17,633	29,290	479,483	32.40
Oswestry	2,655	10,926	121,606	7.83
Whitchurch	858	2,182	34,558	1.95
Market Drayton ..	359	542	12,430	0.67
Donnington	1,928	7,859	85,240	5.25
Shifnal	724	1,565	22,731	1.42
Wenlock	348	615	9,120	0.31
Bridgnorth	1,331	2,382	45,859	2.56
Ludlow & Craven Arms	2,496	5,836	119,581	4.91
Bishop's Castle ..	127	249	6,778	0.43
TOTAL ..	28,459	61,446	937,386	57.73

Rail Transport.—It has been mentioned before that this form of transport is found in many cases to be more suitable than travel by ambulance; recumbent patients remain on the same stretcher throughout the journey, the journeys from bed to station on entrainment and from train to final destination being undertaken by the Ambulance Service of the Local Health Authority for the area concerned. Every effort is made to use this means of transport whenever possible.

Training.—During the year all but one of the members of the staff due to take their refresher course in First Aid obtained the necessary award, and once again by permission of the Health Committee a crew of two men competed in the Competition organised by the Midland Regional Committee of the National Association of Ambulance Officers and held at Hereford on 30th October, 1955.

For the second year in succession it is pleasing to record that the Shropshire team was successful and as a result went forward to compete in the first National Competition for Ambulance Services held on 26th February, 1956, at the Home Office School, Falfield, by kind permission of the Home Office and with the co-operation of the Ministry of Health. Although the Shropshire team was not successful in this final Competition, the member of the Health Committee and the Council's Officers who were present were highly satisfied with the performance given and considered that if the same standard could always be achieved on the road by the whole of the staff little would be left to desire; and this after all is the object of these competitions.

Civil Defence.—During the year the County Ambulance Officer, Mr. W. Walker, qualified at an instructors' course held at the Home Office School, Falfield, in connection with the new syllabus of training devised for the Ambulance and Casualty Collecting Section of the Civil Defence Corps. Early in 1956, the Operational Controller, Mr. G. E. Turner, also qualified at the Home Office School.

In order to implement the new form of training, a course for local instructors commenced in September and has continued weekly under the County Ambulance Officer. When these local instructors qualify it will be possible to speed up the training of volunteers in various parts of the County.

A disappointing factor in the training of Civil Defence volunteers is the difficulty of the numerically small classes consisting of the interested few, because the less interested majority do not respond to the appeals to attend for training; an echo of the old refrain "it does not matter now, we'll be there on the day."

County Ambulance Officer.—In October, 1955, the County Ambulance Officer completed his year of office as President of the National Association of Ambulance Officers and continued to hold the office of Chairman of the Regional Committee of the Association.

County Council owned Health Service Cars.—The Ambulance Service central administration is responsible for the motor cars used by District Nurses, Midwives and Health Visitors throughout the County. At 31st December, 1955, such nursing service cars numbered 97.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Under Section 28 of the National Health Service Act, 1946, the County Council, as Local Health Authority may, and if directed by the Minister of Health must, make arrangements for:—

- (1) The prevention of illness;
- (2) the care and after-care of persons suffering from illness or mental defectiveness.

The Minister has directed that, in the case of persons suffering from tuberculosis, arrangements for care and after-care shall be obligatory.

Tuberculosis

Administrative arrangements.—Under an arrangement with the Birmingham Regional Hospital Board, two-elevenths of the time of two Chest Physicians—one of Consultant status and one of Senior Hospital Medical Officer status—is made available to the Council for prevention and after-care purposes and for this service the Board is reimbursed with an equivalent proportion of the Chest Physicians' salaries.

The domiciliary visiting of persons whose names are included in the Tuberculosis Registers is undertaken by the whole-time Health Visitors, except in the Borough of Shrewsbury and the surrounding area, where a whole-time Tuberculosis Health Visitor is employed. This Visitor is based at the Shrewsbury Chest Clinic, where she undertakes work on behalf of the Shrewsbury Hospital Management Committee, in addition to her visiting duties, an appropriate portion of her salary being borne by the hospital authorities.

Report of Consultant Chest Physician.—The following is the report of the Consultant Chest Physician, Dr. A. T. M. Myres:—

“In the year, the total clinic attendances, including those for ‘collapse therapy’ for all the clinics in the County, were 11,839, 1,819 being first attendances, of which 524 were initial examinations of contacts of tuberculous persons.

Of the 153 persons notified as having pulmonary tuberculosis:—

- (a) 110 were initially diagnosed at chest clinics. Of these :
 - 59 were referred directly by General Practitioners.
 - 25 were referred by General Practitioners following findings on Mass Miniature Radiography.
 - 26 were diagnosed as the result of examination of ‘contacts.’
- (b) 38 were initially diagnosed at general hospitals.
- (c) 5 were initially diagnosed by the Services or other sources.

At the beginning of January, the chest clinic moved from its old quarters at 17 Belmont to its new premises in the grounds of Copthorne Hospital; it has undoubtedly been accepted, not least by patients, that the greatly improved amenities within the new clinic well outweigh the potential disadvantage of the clinic being further from the town centre.

As forecast last year, another chest clinic session at the Wrekin Hospital, Wellington, on a Friday afternoon was started early in the year. At Bridgnorth, there are now two chest clinic sessions per month instead of one a month, as formerly.

Last year, reference was made to the great importance of maintaining a close relationship between the Chest Physicians and their Staff in the chest clinics, on the one hand, with the Medical Officer of Health and all his Staff, who are concerned with the tuberculous persons and their families in the preventative and welfare work of the service on the other, as also with such other welfare services as are available. It is our sincere desire and hope that the latter services may be amplified and made as effective as possible by the establishment of a voluntary committee for the care of the tuberculous which we, unlike most areas, at present sadly lack. Such a committee, we believe, should be of great value in providing for tuberculous persons and their families much which is important for their well-being and which is not covered by the Statutory Services.”

A. T. M. MYRES.

Mass Miniature Radiography.—During 1955, surveys were carried out at Bridgnorth, Church Stretton, Coalbrookdale, Cosford, Dawley, Donnington, Ludlow, Madeley, Newport, Oakengates, Shawbury and Shrewsbury by the Wolverhampton Mass Radiography Service; and at Ellesmere, Market Drayton and Prees, by the Stoke-on-Trent Unit.

The results of these surveys are summarised in the table below, from which it will be seen that twenty-five cases of possibly active Respiratory Tuberculosis were discovered amongst the 20,165 persons X-rayed. This is equivalent to a rate of 1.24 cases per thousand investigated, the individual rates for cases discovered amongst the separate categories of adult males and females and schoolchildren being as follows:—

Males	1.60 per 1,000
Females	1.25 ” ”
Schoolchildren	0.28 ” ”

These figures show an improvement compared with 1954, when eleven cases of suspected Tuberculosis were discovered amongst 7,289 persons X-rayed—a rate of 1.49 per 1,000.

Area	Persons X-rayed				Cases of possibly active Respiratory T.B.				
	Adults		School Children	Total	Adults		School Children	Total	Rate per 1,000 X-rayed
	Males	Females			Males	Females			
Bridgnorth ..	431	490	—	921	—	1	—	1	1.08
Church Stretton	110	175	—	285	—	—	—	—	—
Coalbrookdale	372	126	238	736	—	1	—	1	1.36
Cosford ..	358	155	—	513	1	—	—	1	1.94
Dawley ..	197	287	—	484	1	—	—	1	2.07
Donnington ..	1,220	731	—	1,951	—	1	—	1	0.51
Ellesmere ..	215	308	751	1,274	—	1	1	2	1.57
Ludlow ..	396	520	—	916	1	1	—	2	2.17
Madeley ..	12	17	125	154	—	—	—	—	—
Market Drayton	262	413	797	1,472	1	1	—	2	1.36
Newport ..	441	377	—	818	1	1	—	2	2.44
Oakengates ..	1,338	586	356	2,280	1	1	—	2	0.87
Prees ..	202	118	—	320	1	—	—	1	3.12
Shawbury ..	656	100	—	756	1	—	—	1	1.32
Shrewsbury ..	3,175	2,771	1,339	7,285	7	1	—	8	1.09
TOTAL ..	9,385	7,174	3,606	20,165	15	9	1	25	1.24

B.C.G. (Bacillus Calmette-Guerin) Vaccination.—The Minister of Health has authorised the provision of B.C.G. vaccination for infants and other young contacts of tuberculous patients, and to those who are at special risk by reason of their occupation.

During 1955, a total of 182 persons received vaccination, the greater number of whom were child contacts of tuberculous relatives. This figure compares with 168 for the previous year.

In accordance with Ministry of Health proposals for the extension of B.C.G. vaccination arrangements to include older school children, the Council have modified their proposals under Section 28 of the National Health Service Act, 1946, as follows:—

“The local health authority also intends to make arrangements to offer B.C.G. vaccination subject to the necessary preliminary tests and to obtaining parental consent, to school children between their thirteenth and fourteenth birthdays. The vaccination will be carried out on the responsibility of the Medical Officer of Health, who is also the School Medical Officer, by medical officers expressly designated for this purpose by the authority.”

Four Assistant County Medical Officers have received training in B.C.G. Vaccination Technique and it is hoped to make a start with this scheme shortly.

Domestic Help.—Tuberculous persons are included amongst those recognised as qualifying for the services of Home Helps and during 1955 assistance was provided through the Council's Domestic Help Scheme in 15 cases.

Open-Air Shelters.—The distribution on 31st December, 1955, of the 62 shelters in the ownership of the County Council was as follows:—

At patients' homes ..	45
In store	17
	62

Central Registers.—The position with regard to cases on the Tuberculosis Registers during 1955 was as indicated below:—

	Respiratory	Non-Respiratory
On Register on 31st December, 1954 ..	1,233	232
ADDED: New Cases	153	33
Transfers in	23	1
Restored to Register	7	—
REMOVED: Cured	14	8
Non-Tuberculous	2	—
Lost sight of	3	—
Died	33	3
Transfers out	46	8
On Register on 31st December, 1955 ..	1,318	247

On 31st December, 1955, the 1,318 persons on the Register of Respiratory cases were distributed as follows:—

Under domiciliary supervision by Health Visitors ..	776
Not requiring supervision	367
In hospitals and sanatoria, as listed below	175
	1,318

Patients in Hospitals and Sanatoria

Cheshire Joint Sanatorium	1
Cross Houses Hospital	20
East Hamlet Hospital	4
Hertford Hill	2
King George V, Godalming	1
Knightwick Sanatorium	4
Kyre Park Sanatorium	12
Llangwyfan Hospital	28
Meadowslea Sanatorium	3
Monkmoor Hospital	6
Morda House (Part III)	1
North Staffordshire Royal Infirmary	1
Prees Heath Sanatorium	10
Royal Hospital, Wolverhampton	1
Royal National Hospital, Ventnor	1
Shelton Hospital	4
Shirlett Sanatorium	65
St. Wulstan's Hospital, Malvern	4
Wrekin Hospital	7
	175

Library Service.—Persons suffering from Tuberculosis are not permitted to borrow books from public or circulating libraries. To meet the literary needs of home-bound cases, the Health Committee have approved an arrangement for the County Branch of the British Red Cross Society to provide a Library Service, commencing in 1956, whereby books will be supplied to patients through the medium of the Health Visitors.

Extra Nourishment.—During 1955, extra nourishment in the form of free milk, up to a maximum of two pints per day, was provided for six patients, all of whom were Respiratory cases.

Since the advent of the National Health and National Assistance Services, little has been done in this County with regard to the supply of extra nourishment, assistance being restricted to those cases who, for one reason or another, are not entitled to receive the National Assistance special scale allowance which is paid to “persons suffering from Respiratory Tuberculosis who had given up employment in order to undergo treatment”; the reason for this discrimination being that the Board have powers to provide assistance in kind in necessitous cases and do in fact provide extra nourishment grants for many elderly and chronic sick cases.

During the year, however, discussions were held with local representatives of the National Assistance Board, in consequence of which information was sought for the guidance of the Health Committee of the activities of all other Local Health Authorities in England and Wales in regard to assistance for tuberculous cases.

The Health Committee subsequently agreed that up to two pints of milk per day should be supplied on the recommendation of the Chest Physicians to patients suffering from Respiratory or Non-Respiratory Tuberculosis, where financially necessary and irrespective of the fact that the patient might be in receipt of National Assistance; and appropriate financial provision has accordingly been made in the Council's estimates for 1956—57.

Voluntary After-Care Committees.—Concurrent with consideration of the extra nourishment requirements of tuberculous persons was that of the question of assistance in other ways, particularly financial, to meet the additional demand imposed upon household resources by the presence of a bed-bound patient, much of which cannot be met from statutory sources.

Voluntary After-Care Committees had functioned in this County to a limited degree prior to the introduction of the National Health Service, but thereupon ceased to exist; and the Council's proposals for a Care and After-Care Service had included the view that such Committees were not then needed to promote the care of the tuberculous patient, but would be set up in the event of experience and development proving their necessity.

The results of better preventive work and the use of mass miniature radiography have tended to increase the discovery of new cases—those notified in 1955 being the highest number for twelve years. Coupled with increasing living costs which show no tendency to stabilise there is now greater need than ever for help supplementary to that available statutorily for tuberculous cases. With this in mind, the Health Committee during 1955 considered the question of the re-introduction of Voluntary Care Committees and approved in principle a proposal to establish a number within the County, to be assisted initially by grant and thereafter in the light of funds available; and at the end of the year, consideration was being given to the formation of the first Committee to serve Shrewsbury and the surrounding area.

Care of the Aged in their own homes—Evening Visitors and Night Helps

In November, 1954, approval was obtained from the Minister of Health to provide under Section 28 of the National Health Service Act, 1946, the services of Evening Visitors and Night Helps for aged people who on account of illness or infirmity are deemed by the County Medical Officer to be in need of such services.

When the Scheme was approved it was stipulated that whenever possible help should be supplied by voluntary workers. In order, however, to be able to provide help whether or not voluntary assistance is forthcoming the Council have agreed that when necessary paid personnel shall be engaged.

An *Evening Visitor* who is merely required to pay a brief visit to the aged person's home between the hours of 6 p.m. and 11 p.m., with the object of making him comfortable for the night would be paid at the rate of 3/6d. per visit plus travelling expenses.

A *Night Help* who is expected to sit up with a patient from 10 p.m. to 8 a.m. is paid 15/- per night plus travelling expenses.

The arrangements for providing help under this scheme are similar to those for providing assistance through the Home Help Service to which it is virtually supplementary. When paid workers are employed the householder may either pay the standard charges of 4/- per visit for an Evening Visitor and 15/6d. per night for a Night Visitor or an assessed weekly charge in accordance with the County Council's assessment scale as operated in connection with the Home Help Service. A householder already paying under this assessment scale for the services of a Home Help is not required to make any additional payment for the services of an Evening Visitor or a Night Help.

As it is intended that help under this Scheme shall only be made available when no relatives, friends or neighbours are available, except in the case of Night Helps when help might occasionally be provided to afford relief for a relative who, after a prolonged period of service, needs a night off for sleep, it was not expected that many calls to provide help under this Scheme would need to be met. This has so far proved to be the case.

During the year ended 31st December, 1955, no help in the matter of supplying Evening Visitors was officially provided, although it is known that several Voluntary Organisations are in fact helping old people in much the same way as is envisaged in the Scheme.

On one occasion during the year ended 31st December, 1955, a paid Night Help was employed to sit up for one night with a very sick elderly lady for whom a hospital bed was not immediately available.

Health of Children: Prevention of Break-up of Families

In Circular 27/54 of 30th November, 1954, the Minister of Health expressed concern at the bad effects on the health, particularly the mental health, of children which follow the break-up of families; and drew the attention of Local Health Authorities to the importance of developing and using their domiciliary services to help keep families together.

Amongst various suggestions as to the use of the Domestic Help Service, night "sitters-in" and the Health Visiting service, in helping to keep families together, the Minister referred to the possibility that some authorities might find it necessary to employ a trained social worker to enable the particular needs of problem families to be studied and met in appropriate ways.

Following receipt of this Circular, conferences were arranged by the Clerk of the Council with the Chief Officers of the various departments concerned, namely, Children's, Welfare and Health, to discuss questions of liaison between Departments and ways and means of giving effect to the Minister's proposals.

All were agreed that it is in the Council's interests, as well as that of the families concerned, that every possible help should be given to prevent family crises which often lead to the maintenance of adults and children in Welfare accommodation and Children's Homes at considerable public expense.

On the question of using the services of a trained social worker, all agreed that it would be advantageous to request the National Society for the Prevention of Cruelty to Children to second one of their specially trained women visitors to this County. The cost to the Society of providing such a visitor would be about £600 per annum (£450 salary and £150 for travelling expenses) and as she would be working almost entirely on the Council's behalf it would be necessary and only equitable for the Society to receive substantial financial assistance from the Council towards the cost of employing her in the County.

The County Council have, therefore, agreed this proposal and the National Society for the Prevention of Cruelty to Children have undertaken to consider making available to this Authority one of their women visitors at present under training.

Such an arrangement, however, is not covered by the Council's proposals under the National Health Service Act and the Minister of Health has approved their amendment by the addition of the following paragraph under Section 28:—

"Prevention of Break-up of Families:

An arrangement will be made with the N.S.P.C.C. for the services of a specially trained woman social worker to be available in the County for the purpose of preventing the break-up of families."

It was originally visualised that the cost of providing a trained social worker would be shared equally by the Health, Welfare and Children's Committees but this has not proved to be feasible and at the end of the year negotiations were in progress with the Ministry of Health on the financial aspects of the appointment.

Other Aspects of Care and After-Care

Other Types of Illness.—In the case of patients discharged from hospital, any necessary nursing care and attention is provided through the Council's Home Nursing Service, and arrangements have been made by the Regional Hospital Board for particulars of all discharged hospital patients requiring after-care to be notified to the Local Health Authority.

Close co-operation has also been maintained with the Children's Officer, whose aid is often necessary where residential accommodation is required for children during a domestic emergency, such as illness or confinement of the mother.

Provision of Nursing Equipment.—The provision of nursing accessories forms an important part of the Council's Scheme, and all Home Nurses and Midwives hold a small supply of minor articles, such as hot water bottles, air rings, bed pans and feeding cups, which are available for issue on loan to patients being nursed at home.

Larger items of equipment, including wheel chairs, air beds, etc., are held in a central stock at the Health Department and issued as the need arises. Application should be made in office hours to the Health Department, 13 College Hill, Shrewsbury (Telephone No. 3031); or at other times to No. 4 Claremont Bank, Shrewsbury (Telephone No. 2141).

A small charge is made for the hire of larger items of equipment only.

Recuperative Convalescence.—Under the County Council's scheme for the provision of convalescent facilities, arrangements are made for patients who are in need of a short convalescent holiday, involving no more than rest, good food, fresh air and regular hours, to go to suitable Convalescent Homes. Financial responsibility is accepted by the Council, but, in accordance with their family incomes, patients are required to contribute towards the cost of their convalescence.

During 1955, a total of 50 cases was assisted by the County Council and sent to the following Convalescent Homes, at a total cost to the Council of £615 14s. 8d.:—

ADULTS					
Lady Forester Convalescent Home, Llandudno	..				29
Gable House, Droitwich	..	..	..	..	5
St. Raphael's Home, Torquay	..	..	..	..	3
St. Luke's Home, Torquay	..	..	..	..	2
Victoria House, Clevedon, Somerset	..	..	..	..	1
Margaret Beavan Home, Heswall, Cheshire	..	..	..	..	1
"Hillside," Mark Sherbourne, Hants	..	..	..	..	1
CHILDREN					
"Tanllwyfan" Home, Colwyn Bay	..	..	..	..	3
The Charnwood Forest Convalescent Home, Woodhouse Eaves, near Loughborough	..	..	..	..	2
Ormerod Home for Children, St. Annes-on-Sea	..	..	..	..	2
Margaret Beavan Home, Heswall, Cheshire	..	..	..	..	1
					50

Health Propaganda

Literature.—During the year leaflets and posters on a variety of health subjects were distributed to the public through Welfare Centres and the Health Visiting and Nursing Staffs. In addition, suitable posters were displayed at Welfare Centres and on the former Empire Marketing Board poster frames in Shrewsbury.

Copies of the magazine "Better Health" were regularly supplied to Health Visitors and Home Nurse Midwives, and copies were also distributed at the Child Welfare Centres to the mothers attending. A copy of the magazine "Mother and Child" was distributed every month to each Assistant County Medical Officer and Health Visitor.

Exhibit.—The exhibition stand was again in continual use throughout the year and topics dealing with the following subjects were displayed at the larger Welfare Centres: Foot Infections; Vaccination against Smallpox; and Care of the Feet.

Films.—Film displays on a variety of health subjects were arranged at the Much Wenlock Child Welfare Centre for the mothers attending, and films on food hygiene were again shown at schools in the Wellington area in conjunction with lectures given by Mr. J. K. Addison, the Senior Sanitary Inspector of the Wellington Urban District Council. In addition, films regarding care of the teeth were shown to the pupils at many of the Secondary and Modern Schools in the County.

Display Sets.—Display sets consisting of four attractively coloured panels printed on stiff card and entitled "Death Traps in the Home," which were received from the Ministry of Health, were again displayed at the Child Welfare Centres. During December, a new display set consisting of eight panels, entitled "Your Children's Feet," was received from the Ministry of Health and displayed at the larger Welfare Centres.

Courses and Lectures.—Lectures on health subjects and mothercraft were given by members of the staff to various organisations and associations in the County, such as Parents' Clubs, Women's Social Clubs, British Red Cross Society and groups of student nurses.

Exhibition.—The Health Department produced for display at the Local Government Exhibition commemorating the Diamond Jubilee of the Wellington Urban District Council, for ten days during March, 1955, a mural conceived by Mr. T. R. Blythe, Lay Administrative Officer, and drawn and painted by two gifted members of the Health Department Staff, Messrs. Harris and Howell, depicting scenes of the services provided by, or through, the Children's, Health and Welfare Departments of the County Council. Members of the staff were present at the Exhibition to answer questions and leaflets on a variety of health subjects were distributed.

The mural was also displayed at a One-day School organised by the Central Council for Health Education in the Shirehall, Shrewsbury, on 3rd May, 1955. This Study School was attended by 56 members of the nursing and other staffs. It was the first visit received from the Central Council for Health Education and was greatly enjoyed and considered a very profitable experience.

DOMESTIC HELP SERVICE

Under the permissive powers of Section 29 of the National Health Service Act, 1946, the County Council have since 5th July, 1948, provided a Domestic Help Service which is available to households where there is present "any person who is ill, an expectant mother, mentally defective, aged or a child not over compulsory school age," and help from other sources is either not available or needs to be supplemented.

This Service was initiated and operated on the Council's behalf by the Women's Voluntary Services in the first instance but, on 1st April, 1952, as provided for in the Council's scheme submitted to and approved by the Minister of Health, the direct operation of the Service was taken over by the County Council.

Particulars of the Domestic Help Offices operating within the County on 31st December, 1955, are given in the table below:—

Centre	Address
BRIDGNORTH	Child Welfare Centre, Northgate
CHURCH STRETTON ..	Cottage Room, Silvester Horne Institute
LUDLOW	Child Welfare Centre, Dinham
MARKET DRAYTON ..	Child Welfare Centre, Longslow Road
NEWPORT	Child Welfare Centre, Beaumaris Road
OSWESTRY	Child Welfare Centre, 30 Upper Brook Street
SHREWSBURY	County Health Department, 3 Swan Hill
WELLINGTON	Tan Bank
WHITCHURCH	Child Welfare Centre, 27 St. Mary's Street

Administration.—The Service is administered by the Health Committee of the County Council through a Nursing Sub-Committee, whose members include several co-opted representatives of the Shropshire Nursing Association.

With the exception of the Shrewsbury Office, which is operated within the general framework of the Department, each office is staffed by a paid part-time clerical assistant who is responsible for the day to day operation of the Service in her area, arranging the completion of application forms by householders requesting the services of a Home Help and receiving any charges which they may be required to pay.

All assessments are dealt with in the County Health Department where a centralised recording system is operated to control the collection of payments.

Each applicant for the services of a Home Help is visited by the District Nurse, or where necessary by the Health Visitor, who satisfies herself that the case is within the scope of the Service before recommending the extent to which assistance should be provided.

Charges for Domestic Help.—Applicants who feel unable to pay the Council's standard charge for Domestic Help—3/3d. per hour in 1955—may elect to furnish particulars of their financial circumstances so that they may be assessed to pay in accordance with their means. The assessed weekly charge is raised by 15/- per week for a period of two weeks for help provided in connection with a domiciliary confinement case, when a Home Confinement Grant is payable by the Ministry of National Insurance.

The scale of assessment was amended with effect from 7th February, 1955, the allowances for assessment purposes being increased to correspond with new scales of allowances adopted by the National Assistance Board on that date.

Home Helps.—Payment to Home Helps is made in accordance with the wages scales of the West Midlands Joint Industrial Council, Local Authorities Non-Trading Services (Manual Workers). The rates in operation at the end of 1955 were 2/7½d. per hour in the Borough of Shrewsbury and 2/7½d. elsewhere in the County, these rates being increased by 2d. per hour for work undertaken in homes where cases of respiratory tuberculosis or certain other infectious diseases are present.

A number of whole-time Helps are employed for maternity cases and others needing full-time assistance, but in order to avoid "standing time" the major part of the work is undertaken by part-time Helps.

All Home Helps are provided with overalls and are paid travelling expenses, either in the form of a weekly allowance for the use of bicycles or by the refund of actual 'bus or rail fares. Part-time helps receive payment for travelling time.

On 31st December, 1955, a total of 112 Home Helps were employed (19 full-time and 93 part-time) and the table below shows their distribution throughout the County:—

Home Helps employed on 31st December, 1955

Centre	Whole-time	Part-time	Total
Bridgnorth ..	1	4	5
Church Stretton ..	—	3	3
Ludlow ..	1	12	13
Market Drayton ..	3	2	5
Newport ..	—	4	4
Oswestry ..	2	16	18
Shrewsbury ..	11	30	41
Wellington ..	1	15	16
Whitchurch ..	—	7	7
Total for 1955 ..	19	93	112
Total for 1954 ..	24	82	106

Work Performed.—During 1955 a total of 648 cases was assisted, at an average of 261 per week, and the hours worked and travelled by Home Helps in attending these cases amounted to 130,239.

Particulars of the individual categories of cases are given in the table below and it will be seen that 59 per cent of these *cases* were chronic sick and aged persons. Of the total of 130,239 *hours* for which the Home Helps received payment, 102,358 hours (or 78 per cent) were attributable to the chronic sick and aged.

Cases attended by Home Helps during 1955

Centre	Aged	Chronic Sick	Illness	Maternity	Post-operative	T.B.	Others	Total
Bridgnorth ..	12	6	4	5	2	1	—	30
Church Stretton	6	6	3	4	3	—	—	22
Ludlow	9	26	4	10	1	1	—	51
Market Drayton	11	12	4	4	—	—	—	31
Newport ..	6	6	2	8	—	—	—	22
Oswestry ..	19	29	2	19	6	3	1	79
Shrewsbury ..	33	98	46	63	10	6	4	260
Wellington ..	36	44	17	14	4	4	—	119
Whitchurch ..	15	9	2	7	1	—	—	34
Total for 1955 ..	147	236	84	134	27	15	5	648
Total for 1954 ..	157	202	136	174	34	22	6	731

Recovery and Expenditure.—The sum recovered during 1955 from those taking advantage of the service was £2,687, as compared with £3,623 during the previous year. The tabular statement below indicates the numbers of cases who paid for assistance at the standard rate, those who paid at assessed rates and those who received free help, together with the number of hours attributable in each case during the years 1954 and 1955:—

	Cases		Hours worked and travelled by Home Helps	
	1954	1955	1954	1955
Standard Rate ..	232	140	17,718 = 13.7%	7,082 = 5.4%
Assessed Rate ..	357	309	77,017 = 59.6%	67,795 = 52.1%
Free	142	199	34,438 = 26.7%	55,362 = 42.5%
TOTAL ..	731	648	129,173 =100%	130,239 =100%

It will be seen from the above table that during 1955 far fewer persons paid the standard charge for the services of a Home Help than during the previous year. This situation, which first manifested itself following the raising of the standard charge from 2/3d. to 3/3d. per hour in August, 1954, has persisted throughout 1955. A further loss of income has resulted from the fact that the more generous assessment scale which was introduced in August, 1954, was further modified to the benefit of the recipients of the service in February, 1955, to accord with the Council's decision to maintain conformity with the National Assistance Board's Scale of Allowances.

Particulars are given below of the expenditure incurred by the County Council in the operation of the Service during 1955, with corresponding totals for the two preceding years:—

Expenditure and Income

Year	Wages and Insurance			Overalls, Rentals, etc.	Total Expen- diture	Payments by House- holders	Nett Cost to County Council	Receipts as Percentage of Ex- penditure
	Clerical Assistants	Home Helps						
		Whole- time	Part- time					
1955	£ 1,128	£ 5,772	£ 14,106	£ 938	£ 21,944	£ 2,687	£ 19,257	% 14.0
1954	1,062	6,583	12,234	980	20,859	3,623	17,236	17.4
1953	800	7,140	9,596	880	18,416	3,670	14,760	19.9

The decrease in the amount collected from householders, coupled with increased wage awards made to Home Helps by the National Joint Council for Local Authorities in October, 1953, August, 1954, and May, 1955, have caused the nett cost of the Service to the Council to rise from year to year.

MENTAL HEALTH SERVICE

Administration.—The following duties relating to mental health are assigned to the County Council, as Local Health Authority, under the provisions of the National Health Service Act, 1946:—

- (1) The power, and to the extent that the Minister directs, the duty to make arrangements for the care and after-care of persons suffering from mental illness or mental defectiveness.
- (2) The ascertainment and (where necessary) the removal to “hospital” of mental defectives, and the supervision, guardianship, occupation and training of those residing in the community.

Responsibility for the Mental Health Service is that of the Health Committee, and this duty is delegated to the Health (General Purposes) Sub-Committee, the constitution of which is given on pages 5 and 8.

Staff.—On 31st December, 1955, the staff employed in the Mental Health Service, in addition to the County Medical Officer of Health and his Deputy, consisted of the following officers:—

9 Assistant County Medical Officers
 1 Principal Duly Authorised Officer
 2 Assistant Duly Authorised Officers (one full-time, one part-time)
 1 Superintendent Nursing Officer
 1 Deputy Superintendent Nursing Officer
 3 Assistant Superintendent Nursing Officers
 26 Health Visitors
 4 Occupation Centre Staff (2 part-time)

On entering the service of the Council all Assistant County Medical Officers who do not possess training and experience in the ascertainment of mentally sub-normal pupils and the certification of mental defectives are sent on a special post-graduate course. This, together with practical instruction received under the supervision of an approved medical officer both before and after attending the course, qualifies them for approval for the purposes of the School Health and Handicapped Pupils Regulations, 1953, and the issuing of certificates under sections 3 and 5 of the Mental Deficiency Act, 1913.

Co-ordination with Hospital Authorities: Community Care.—Psychiatric Out-patient Clinics staffed by Consultant Psychiatrists and Psychiatric Social Workers from Shelton Hospital, Shrewsbury, are held weekly at Shrewsbury, Oswestry, Ludlow, Bridgnorth and Wellington and fortnightly at Market Drayton and Whitchurch, the latter four Clinics being held in the Council’s Welfare Centre premises.

The Psychiatric Social Workers employed by the Regional Hospital Board also undertake on behalf of the County Council the after-care of patients discharged from Shelton Hospital, selected cases being later referred to the Council’s staff for domiciliary supervision.

Particulars are given in the following table of the number of patients supervised respectively by the Board’s Psychiatric Social Workers and the Council’s staff. Between these two sets of field workers there exists a happy and co-operative relationship.

	Supervised by Social Workers from Shelton Hospital			Supervised by County Council’s Duly Authorised Officers and Health Visitors		
	Male	Female	Total	Male	Female	Total
Under supervision on 1st January, 1955 ..	240	432	672	3	14	17
Brought under supervision	142	197	339	2	3	5
Ceased to be supervised	96	126	222	—	1	1
Under supervision on 31st December, 1955	286	503	789	5	16	21

In addition, a considerable amount of community work is undertaken on behalf of Regional Hospital Boards by the Local Health Authority’s staff, particularly in providing reports on the home circumstances of mental defectives whose Orders of detention are due for review and who are under care in the Board’s establishments. Five defectives who are on licence from mental deficiency hospitals are also visited periodically by the Council’s Duly Authorised Officers or Health Visitors, who furnish progress reports from time to time to the hospitals concerned.

Lunacy and Mental Treatment Acts.—Particulars are given in the following table of the cases dealt with under the Lunacy and Mental Treatment Acts by the Duly Authorised Officers of the County Council during 1955, with corresponding figures for 1954:—

Cases dealt with by the Duly Authorised Officers

		Males		Females		Total	
		1954	1955	1954	1955	1954	1955
Lunacy Act, 1890	Under Summary Reception Order	48	32	50	49	98	81
	Under "Three Day" Order ..	3	9	5	1	8	10
Mental Treatment Act, 1930	As Voluntary Patients	32	24	30	18	62	42
	As Temporary Patients	1	2	5	4	6	6
	TOTAL ..	84	67	90	72	174	139

In addition to the patients shown in the table above investigations were carried out by the Duly Authorised Officers in the case of 66 persons in whom unsoundness of mind had been alleged but could not be confirmed. It was found that some of these persons required no special provision and they were therefore allowed to remain in the care of relatives or friends; others proved suitable for admission to hospitals for the chronic sick and were dealt with accordingly; while some few others were referred to the County Welfare Officer with a view to admission to the Council's Residential Homes.

Mental Deficiency Acts.—

Ascertainment.—Particulars of the mental defectives ascertained during the year 1955, with corresponding figures for 1954, are given below:—

Mental Defectives ascertained during 1954 and 1955

	Males		Females		Total	
	1954	1955	1954	1955	1954	1955
Cases reported by Local Education Authority:—						
(i) Under Section 57(3) of the Education Act, 1944 ..	14	8	13	6	27	14
(ii) Under Section 57(5) of the Education Act, 1944:—						
on leaving special schools	5	6	4	6	9	12
on leaving ordinary schools	9	11	7	8	16	19
Other Cases	1	2	2	3	3	5
TOTAL ..	29	27	26	23	55	50

During the year 17 patients were admitted to hospitals as follows:—

Stallington Hall, Stoke-on-Trent	1
Monyhull Hall, Birmingham	4
Lea Colony, Bromsgrove	2
Chelmsley Hospital, Marston Green	1
St. Margaret's Hospital, Birmingham	6
Burton Road Hospital, Dudley	2
Moss Side Hospital, Maghull, near Liverpool	1
TOTAL ..	17

At the end of the year 1955 there were 60 mental defectives in this County awaiting permanent accommodation in hospitals for such cases, particulars of whom are given in the following table:—

Mental Defectives awaiting admission to Hospitals on 31st December, 1955

DEFECT	MALES					FEMALES					Grand Total
	Under 7	7—16	16—30	30—60	Total	Under 7	7—16	16—30	30—60	Total	
Feeble-minded ..	3	2	4	2	11	—	4	2	3	9	20
Imbeciles	1	11	6	4	22	4	4	2	4	14	36
Idiots	—	1	1	1	3	1	—	—	—	1	4
TOTAL ..	4	14	11	7	36	5	8	4	7	24	60

Guardianship.—On 31st December, 1955, there were 8 Shropshire mental defectives (1 male and 7 females) under guardianship care, only three of whom were resident in this County. Of the remaining 5 (1 male and 4 females), 2 were under supervision by the Brighton Guardianship Society and 3 by other Local Health Authorities.

Statutory Supervision.—Particulars are given in the table below of the cases under Statutory Supervision on 31st December, 1955:—

Defectives under Statutory Supervision on 31st December. 1955

DEFECT	MALES					FEMALES					Grand Total
	Under 7	7—16	16—30	Over 30	Total	Under 7	7—16	16—30	Over 30	Total	
Feeble-minded ..	1	13	95	14	123	—	6	68	22	96	219
Imbeciles ..	4	29	56	22	121	3	42	48	17	110	231
Idiots ..	1	2	2	2	7	—	2	1	3	6	13
TOTAL 1955 ..	6	54	153	38	251	3	50	117	42	212	463
TOTAL 1954 ..	13	54	134	34	235	6	51	101	42	200	435

In addition to the cases under Statutory Supervision referred to above, there were 206 cases under Voluntary Supervision.

Short-term Care.—Ministry of Health Circular 5/52 referring to temporary accommodation for mental defectives drew attention to the critical situation which may arise when, in families where there is a mental defective, it becomes urgently necessary because of some emergency that the defective should, for the time being, be cared for elsewhere than at home, and the family, for financial or other reasons, is unable to cope with the situation. The Circular further stated that, where the Regional Hospital Board concerned were unable to help, the Minister was prepared to allow the Local Health Authority to seek accommodation for the defective other than in a mental deficiency hospital and to pay for his maintenance, in whole or in part, if the Local Health Authority had amended their scheme for Care and After-Care to include such provision.

To enable the Local Health Authority to deal with such situations when the Regional Hospital Board are for various reasons unable to help, the Council's Care and After-Care Scheme has, with the Minister's approval, been amended as follows:—

“The Council may arrange in urgent cases where it is necessary for a defective to be cared for elsewhere than at home for the time being, for other suitable accommodation to be found for the defective for the period of special need, which should not normally exceed two months. The Council may pay in appropriate cases for all or part of any proper and reasonable expenses in respect of a defective placed in such temporary accommodation where the family are unable to meet the expense themselves for financial or other reasons.”

Through the co-operation of the Birmingham Regional Hospital Board short-term care as envisaged by the Minister was provided in the four cases for whom it was requested during 1955; consequently it was unnecessary for the Council to make use in that year of the new powers obtained through the amendment to their After-Care Scheme, but it is considered that these may prove very useful on some future occasion when for one reason or another the Regional Hospital Board may be unable to help.

Occupation and Training.—For many years it has been the duty of local health authorities to make arrangements for the training and occupation of mentally defective persons residing in the community who are under supervision or guardianship, and in recent years there has been a considerable expansion throughout the country of this side of the work. This has been effected mainly by the provision of occupation centres. Whereas in 1947 there were only 100 such centres, by the end of 1954 the number provided by local health authorities had risen to 246, in which nearly 11,000 defectives were receiving training.

The aims of occupation centres are to make mental defectives more socially adaptable, by improving their habits and general conduct, and to develop whatever latent abilities they may possess rather than to attempt to teach them academic subjects.

Of those who attend occupation centres very few can ever be absorbed into ordinary employment, but the combined effects of training in good habits, socialization and adaptation to environment postpone indefinitely in many cases the day when care in a mental deficiency “hospital” will become a necessity.

Shropshire's one occupation centre was opened in September, 1954, in hired premises in Wellington. At the commencement there were 13 “pupils” on the register and by the end of 1955 the number of “pupils,” all of whom were between 6 and 16 years of age, had increased to 27.

During the year a visit was received from an Inspector of the Board of Control who reported favourably upon the progress made and offered some valuable suggestions.

Some of the 27 “pupils” are brought by their parents by 'bus or rail from places as far afield as Newport, Shifnal and Ironbridge, while others are conveyed from Shrewsbury by the W.V.S. Car Service.

There remains, however, the problem of some additional 60 potential “pupils” in the 6 to 16 years age-group who are so widely dispersed throughout the County that they cannot reasonably be included in any scheme of transportation to an orthodox occupation centre.

Home teaching would not be a satisfactory solution to the problem as for practicable reasons it would not be possible to provide more than one or two hours’ teaching each week for each child; the benefits of social contact between the children would be entirely lacking; and virtually no relief would be afforded to the parents.

So far as is known, no residential occupation centre has been experimented with in any part of the country.

There is, however, a new idea which has been tried in a few rural counties. This involves the employment of probably two or three travelling teachers, depending upon the area to be covered and the number of children to be trained, and an appropriate number of children is allocated to each teacher. Several small rooms or halls are hired for use at certain times and each teacher herself collects and conveys a number of children in her area to the nearest hall and at the end of each session returns them to their homes. At other specified times, each teacher deals simultaneously with another small group of her pupils.

Obviously the scope of such training will be circumscribed and progress will be much more slow than at a full-time occupation centre, as each group may only have one or two sessions per week. However, the benefits of social contact are attained, the time of the teacher is economised and the parents receive a measure of relief from the constant supervision which their mentally defective children require.

This type of scheme is being watched with interest and might be considered as a contribution to Shropshire’s problem.

Prevention of Mental Illness.—One of the greatest problems that Local Health Authorities have to face today is the prevention of mental illness.

The urgency of the problem is emphasized by the serious over-crowding of mental hospitals throughout the country, notwithstanding on the one hand a remarkable reduction in the average length of stay of patients compared with a few years ago, and on the other hand the growth of psychiatric out-patients clinics.

In addition, however, to the large numbers of patients undergoing in-patient or out-patient treatment there are in the community countless thousands of persons suffering from some form of psychiatric disorder—neurotics carrying on unhappily in shop, office and factory, some of them bringing up children who may ultimately present problems for the state; neurasthenics frequenting the surgeries of their medical practitioners who can do little to cure them; and patients undergoing investigation in general hospitals for symptoms which are primarily psychopathic.

There were 20 male and 10 female suicides in the Administrative County during 1955. The number of attempted suicides cannot be ascertained but must be considerable.

In trying to deal with these problems it would seem that an attempt should be made to inculcate the principles of mental hygiene upon people of all ages, just as the principles of physical health have been taught for the past thirty or forty years. In this way the foundations of mental health can be laid in the home even before a child is born; and built up in the child through infancy, childhood and adolescence.

Local Health Authorities have been given the power to formulate schemes for the prevention of mental illness and the care and after-care of the mentally sick.

As will be observed from the table on page 50 a certain amount of after-care is being undertaken in this County. The Child Guidance Service, largely a Local Education Authority function, does much of value; but much preventive work in other fields remains to be done.

Indeed, the preventive aspects of mental illness, both locally and nationally, are too largely unexplored. Our knowledge of the causation of mental illness is incomplete; there is a serious shortage of experts qualified to teach field workers the essentials of mental hygiene; and suitable courses of training for the field workers—Health Visitors and Duly Authorised Officers—are accordingly almost non-existent.

Until these difficulties can be overcome, in part at any rate, the steps that Local Health Authorities can take with regard to preventive action will inevitably be slow and uncertain.

NURSING HOMES

Registration.—Section 187 of the Public Health Act, 1936, requires the registration of all nursing homes, maternity and other, and the County Council, as Registration Authority, have power to grant exemption from registration in certain cases.

The following are particulars of registered Nursing Homes accommodating maternity and general cases. There were no additions to the register during the year, and two Homes were closed.

Accommodation provided	Nursing Homes	Beds available
General cases only	4	33
Maternity cases only	1	5
Maternity and General cases ..	7	63
TOTAL ..	12	101

Inspection.—Registered Nursing Homes are visited regularly by the Superintendent Nursing Officer or her Assistants, and an effort is made to visit each Home once in each quarter; thirty-eight inspections were made in 1955.

REGISTRATION OF DAY NURSERIES AND DAILY MINDERS

Under the provisions of the Nurseries and Child Minders Regulation Act, 1948, which came into force on 30th July of that year, the County Council, as Local Health Authority, are required to register and supervise

- (a) private persons (daily minders) who receive into their homes, for reward, children under the age of 5 years to be looked after for the day, or for a longer period not exceeding six days; and
- (b) premises (day nurseries) in which children below the upper limit of compulsory school age are looked after for the day, or for a longer period not exceeding six days, within the provisos implicit in the next two paragraphs.

Registration is not required in the case of hospitals, homes or institutions maintained by Government Departments and Local Authorities, schools and nursery schools supervised by Local Education Authorities, or premises and child minders supervised under Child Life Protection enactments.

After the expiration of a period of three months following the coming into operation of the Act, it became an offence for a child to be received into an unregistered day nursery, or for more than two children from more than one household to be received by an unregistered child minder who is not a relative.

The Act empowers the County Council to define requirements which must be complied with:—

- (a) in the case of day nurseries, the condition of the premises, the number and qualifications of the staff, equipment, feeding arrangements, medical supervision and records; and
- (b) in the case of daily minders and day nurseries, the number of children to be received and the precautions to be taken against the spread of infectious diseases.

No registration was in force, and no application for registration was received under the Act during 1955.

National Assistance Act, 1948

WELFARE OF THE BLIND

Welfare of the Blind is the responsibility of the Welfare Committee of the County Council and the information which follows has been made available for inclusion in this Report through the courtesy of the County Welfare Officer, F. G. Fawcett, Esq., T.D.

Registers of Blind Persons.—On 31st December, 1955, the numbers of blind and partially-sighted persons included in the Shropshire Registers of Blind and Partially-Sighted Persons were as follows:—

	Males	Females	Children	Total
Blind	219	306	11	536
Partially-sighted ..	12	27	10	49
TOTAL ..	231	333	21	585

Additions to the Registers.—During the year under review 68 persons (25 males and 43 females) were certified as blind persons and included in the Register. In addition, 6 persons (2 males and 4 females) were certified as partially-sighted.

Of the total numbers of cases added to the Registers during the year, 53 blind persons (18 males and 35 females) and 4 partially-sighted persons (1 male and 3 females) were 60 years of age or more.

Causes of Blindness.—A perusal of Forms B.D.8 completed in respect of the 68 persons certified during the year indicated that in 20 (or 29.4 per cent) of these cases the primary cause of blindness was cataract; these 20 cases were all aged 70 years or more.

Other major causes of blindness were: Senile macular degeneration, 11; Glaucoma, 8; Diabetes, 6; Congenital, hereditary and developmental defects, 4; and Arterio-sclerosis, 2.

The blind persons for whom treatment was recommended numbered 32, medical treatment being suggested in 14 cases, surgical in 12 cases, optical in 5 cases, and educational in one case. Hospital supervision was recommended in 19 cases.

Of the above, 4 persons refused surgical treatment for the extraction of cataract; one person for whom surgical treatment had been recommended was re-examined and, in view of the patient's poor state of health, the Ophthalmologist advised against surgical treatment.

It would seem that, although treatment of one form or another or Hospital supervision was advised in 51 cases, it was anticipated that this would only result in the removal of one person from the category of blind persons; that in 38 cases treatment would not result in the removal of the persons concerned from the Register; and that in 12 cases the results of treatment would be doubtful.

The table below relates to the provision of treatment as a result of follow-up action in the case of blind and partially-sighted persons:—

Follow-up of Registered Blind and Partially-Sighted Persons

	CAUSE OF DISABILITY									
	Cataract		Glaucoma		Retrolental Fibroplasia		Others		Total	
	Blind	Part. Sight.	Blind	Part. Sight.	Blind	Part. Sight.	Blind	Part. Sight.	Blind	Part. Sight.
Cases registered during 1955 in respect of which the relevant paragraphs of Form B.D.8 recommend:—										
(a) No treatment	6	—	2	—	—	—	9	2	17	2
(b) Treatment (medical, surgical or optical)	13	2	3	1	—	—	16	1	32	4
(c) Hospital supervision	1	—	3	—	—	—	15	—	19	—
Cases at (b) and (c) above which, on follow-up action, have received, or will receive, treatment	9	2	6	1	—	—	31	1	46	4

EPILEPSY AND SPASTIC PARALYSIS

Responsibility under Section 29 of the National Assistance Act, 1948, for the Welfare of Handicapped Persons (those substantially and permanently handicapped by illness, injury or congenital deformity) is that of the Welfare Committee.

Such persons include those suffering from Epilepsy and Spastic Paralysis and in respect of these categories of handicapped persons, close liaison between the County Health and Welfare Departments ensures that the names of persons over school leaving age who can be described as permanently and substantially handicapped are placed on a register so that they may receive such assistance as the County Welfare Committee can provide.

In addition, arrangements have been made with the approval of the Local Medical Committee and local branch of the British Medical Association, to obtain information from General Medical Practitioners of patients who qualify for assistance for the Welfare Services.

On 31st December, 1955, the numbers of persons in this County suffering from epilepsy or spastic paralysis, and known to the County Welfare Department, were as follows:—

	Males	Females	Total
Epilepsy	11	13	24

(Of these, 10 were accommodated in their own homes; 10 were accommodated on behalf of the Council by voluntary organisations; and 4 were in accommodation provided by this Authority under Part III of the National Assistance Act, 1948).

	Males	Females	Total
Spastic Paralysis ..	9	10	19

(Of this total, 15 were accommodated in their own homes, and 3 of these were in employment; 2 were accommodated in the National Spastics Society Home, Prested Hall, Essex; and 2 were in Hospital).

INSPECTION AND SUPERVISION OF FOODS

Qualitative Sampling of Milk and Other Foods.—Under Section 3 of the Food and Drugs Act, 1938, a person who sells to the prejudice of a purchaser any food or drug, which is not of the nature, substance or quality demanded, is guilty of an offence; and under Section 68 of the Act, an Authorised Officer of a Food and Drugs Authority may procure samples of food and drugs for analysis, with a view to ensuring that compliance with the requirements of Section 3 is maintained.

Except in the Borough of Shrewsbury, which is an independent Food and Drugs Authority, the County Council are the responsible authority within the County, and during 1955 their Sampling Officers obtained 1,675 samples (1,239 of milk and 436 of other foods), compared with 1,515 samples (1,072 of milk and 443 of other foods) during the previous year.

The results of the examination of the 1,675 samples taken during 1955, which represent a rate of 6.7 samples per 1,000 of population (again excluding the Borough of Shrewsbury), are given in the following table:—

Analysis of Food and Drug Samples taken in 1955

Description of Samples	Samples Procured				
	Total	Formal		Informal	
		Genuine	Adulterated or below Standard	Genuine	Adulterated or below standard
Milk	1,173	*890	105	158	20
Milk (Private)	66	—	—	66	—
Almonds, Ground, Paste and Essence	6	1	—	5	—
Anchovies and Anchovy Essence ..	2	—	—	2	—
Bacon	2	—	—	2	—
Baking and Raising Powder	7	—	—	6	1
Barley Crystals	1	—	—	1	—
Beans in Tomato Sauce	1	1	—	—	—
Beef Extract	1	—	—	1	—
Beverages	25	4	—	21	—
Blancmange, Custard Powder, Corn- flour and Table Creams	13	—	—	13	—
Bread	5	—	—	5	—
Bread and Butter	1	—	1	—	—
Butter, Whey Butter and Margarine ..	18	4	—	13	1
Cake and Pudding Mixtures	11	3	—	7	1
Cereals and Flour	20	3	—	12	5
Cheese and Cheese Spread	5	2	—	3	—
Cochineal Extract	1	1	—	—	—
Coconut (Desiccated)	1	—	—	1	—
Cod Liver Oil	2	1	—	1	—
Condensed and Evaporated Milk ..	2	—	—	2	—
Confectionery, Cakes and Puddings ..	8	2	—	6	—
Cream	8	1	—	7	—
Dried Milk (Private)	10	—	—	4	6
Fish, Fish Cakes and Tinned Fish ..	13	7	—	6	—
Fish and Meat Pastes	9	1	—	8	—
Fruit, Dried, Tinned and Fresh ..	14	1	—	12	1
Gravy Thickening	1	1	—	—	—
Herbs and Stuffing	4	—	—	4	—
Ice Cream and Ice Lollies	13	2	—	11	—
Jelly and Gelatine	7	1	—	6	—
Kraft Dinner	1	—	—	1	—
Lard, Dripping and Fats	18	8	—	10	—
Lemonade Powder	2	1	—	1	—
Malt Extract and Cod Liver Oil ..	1	—	—	1	—
Meat and Meat Products	24	10	—	14	—
Medicines and Drugs	25	3	—	22	—
Mushrooms (Tinned)	1	—	—	1	—
Nuts and Raisins	1	—	—	1	—
Olive Oil	1	—	—	1	—
Peanut Butter	1	—	—	1	—
Peas (Dried and Tinned)	4	2	—	2	—
Pectin	1	1	—	—	—
Peel (Candied and Mixed)	7	1	—	6	—
Preserves	14	4	—	10	—
Rennet (Essence)	1	1	—	—	—
Sausages and Sausage Meat	17	12	—	5	—
Soft and Non-alcoholic Drinks ..	15	5	—	10	—
Soup (Mixtures and Powders) and Broth	9	6	—	3	—
Spices, Condiments, Pickles and Sauces	38	7	—	29	2
Spirits, Wines, Ale and Beer	17	11	—	6	—
Spreads	9	2	—	7	—
Stew	1	—	—	1	—
Sugar	7	—	—	7	—
Sweets and Chocolate	8	1	—	7	—
Tomatoes (Tinned)	1	1	—	—	—
Tomato Paste	1	1	—	—	—
TOTAL ..	1,675	1,003	106	529	37

*This figure includes 61 “Appeal-to-Cow” Samples

It will be observed from the above table that out of 1,675 food and drug samples obtained, 143 (125 of milk and 18 other foods) were reported to be adulterated or below standard; this represents 8.5 per cent of those obtained.

Milk.—Out of 1,239 samples of milk submitted for analysis during the year under review, and referred to in the table above, 125 were reported to be adulterated or below standard, representing 10.1 per cent of the milk samples analysed. The following particulars indicate the action taken in respect of these 125 samples:—

- 43 were slightly deficient in fat content and the vendors were notified;
- 43 were appreciably deficient in fat content and as a result "appeal-to-cow" samples were taken: as these were also below standard, a letter of caution was sent to the producers concerned and the Milk Advisory Service of the Ministry of Agriculture, Fisheries and Food informed in each case;
- 3 samples of Channel Island milk were slightly deficient in fat and the Ministry of Agriculture, Fisheries and Food were informed;
- 6 contained small amounts of extraneous water or sediment and the vendors were warned; and
- 30 were the subject of further sampling or investigation, as a result of which legal proceedings were successfully concluded in the Courts in all the 13 cases brought, involving 27 charges, particulars of which are as follows:

Magistrates' Court	Analysis of Sample or Charge Proferred	Court Findings	
		Fine	Costs
		£ s. d.	£ s. d.
Ellesmere	(1) 12% added water	1 0 0	1 1 0
Ludlow	(2) 12% deficient in fat .. (second offence)	2 0 0	3 3 0
Oswestry	(3) 13% deficient in fat ..	3 0 0	5 5 0
	(4) 15% deficient in fat ..	3 0 0	2 2 0
	(5) 9% added water	2 0 0	2 2 0
Pontesbury ..	(6) 13% deficient in fat ..	7 0 0	} 4 4 0
	20% added water	10 0 0	
	Making a mis-statement ..	1 0 0	
Shifnal	(7) 4% added water ..	} 9 0 0	} 9 9 0
	(8) 14% added water ..		
	27% added water ..		
	7% added water ..		
	2% added water ..		
	12% added water ..		
	1% added water ..		
	4% added water ..		
Wellington ..	6% added water ..		
	(9) 20% added water ..	} 5 0 0	} 5 14 0
	13% added water ..		
	(10) 18% added water ..	} 6 0 0	} 4 4 0
	21% added water ..		
	13% added water ..		
Wem	(11) 12% added water ..	} 5 0 0	} 4 4 0
	12% added water ..		
Whitchurch ..	(12) 25% added water ..	} 20 0 0	} 5 5 0
	21% added water ..		
	(third offence)		
	(13) 9% added water	5 0 0	4 4 0
	(second offence)		

Average Composition of Milk.—The Sale of Milk Regulations, 1939, prescribe a standard for milk of 3 per cent for Fat content and 8.5 per cent for Solids-not-Fat content and milk which, on examination, does not come up to this standard is presumed to be "non-genuine" until the contrary is proved. In the case of milk where the Solids-not-Fat content is below 8.5 per cent, however, unless the Analyst, on applying the Hortvet Freezing Point Test, determines that there is extraneous water in the sample, such samples are returned as "genuine," provided, of course, that the Fat content is satisfactory.

The following table gives particulars of the average Fat and Solids-not-Fat content of the samples of milk, including adulterated and "appeal-to-cow" samples, submitted for analysis during 1954 and 1955:—

Month	1954			1955		
	Samples Analysed	Average Fat Percentage	Average Solids-not-Fat Percentage	Samples Analysed	Average Fat Percentage	Average Solids-not-Fat Percentage
January	99	3.69	8.58	100	3.78	8.41
February	62	3.54	8.54	93	3.63	8.40
March	73	3.59	8.54	157	3.28	8.35
April	103	3.53	8.59	80	3.54	8.50
May	100	3.42	8.70	108	3.30	8.57
June	52	3.49	8.67	116	3.38	8.65
July	111	3.60	8.64	104	3.53	8.62
August	112	3.58	8.63	132	3.47	8.49
September ..	76	3.73	8.66	82	3.81	8.58
October	102	3.89	8.75	111	3.83	8.63
November ..	101	3.97	8.53	94	3.95	8.67
December ..	81	3.74	8.45	62	3.88	8.64
Over whole year	1,072	3.65	8.61	1,239	3.62	8.54

Other Foods.—The following particulars indicate the action taken in respect of the 18 samples of foods other than milk, referred to in the table on page 56, which were found, on analysis, to be non-genuine:—

BAKING POWDER (1 Informal)	..	..	Found to be low in Carbon Dioxide evolved; the vendor was interviewed and remaining stock voluntarily surrendered.
BREAD AND BUTTER (1 Formal)	..	..	Found to consist of 100% bread and margarine. The vendor was prosecuted at Ludlow Court and granted an absolute discharge on payment of costs.
DRIED MILK (6 Informal)	..	..	Found to be not genuine, due to taste, odour, mould, or high acid content. Remaining stocks were returned to wholesalers for replacement.
MIXED PICKLES (1 Informal)	..	..	Did not contain gherkins, although a declared ingredient on the label. The matter was taken up with the Manufacturers, who stated that the omission would not occur again.
MUSTARD (1 Informal)	..	..	Below standard for Volatile Mustard Oil; the vendor was interviewed and remaining stock voluntarily surrendered.
ORANGES (1 Informal)	..	..	One orange was black in the centre and unfit to eat. The vendor was interviewed and his stock examined and the local Sanitary Inspector agreed to visit premises regularly and make routine checks of all food exposed for sale.
PEARL BARLEY (1 Informal)	..	..	Found to be infested with live mites; the vendor agreed to surrender remaining stocks.
RICE AND GROUND RICE (2 Informal)	..	..	Found to contain foreign matter and the vendor agreed to surrender remaining stocks. As both commodities had been packed by the same firm, the vendor referred the matter to the packers who examined their remaining stocks and gave an assurance that every possible care was taken to ensure that their goods were of the highest standard of quality.
SAGO (2 Informal)	..	..	Found to consist of 100% Tapioca; a letter of caution was sent to the vendor in each case requesting him to ensure that the commodity was sold under its correct name.
SPONGE PUDDING MIXTURE (1 Informal)			Low in Carbon Dioxide evolved; vendor agreed to surrender remaining stocks.
WHEY BUTTER (1 Informal)	..	..	Contained 0.7% excess water; a letter of caution was sent to the manufacturer.

Ice Cream.—The Food Standards (Ice Cream) Order, 1953, prescribes a legal standard for ordinary ice cream of at least 5 per cent fat, 10 per cent sugar and $7\frac{1}{2}$ per cent milk solids other than fat; and for ice cream containing fruit, a minimum content of $7\frac{1}{2}$ per cent fat, 10 per cent sugar and 2 per cent milk solids-not-fat, but having a total content of these constituents, including the fruit, fruit pulp or fruit puree, as the case may be, of not less than 25 per cent.

During 1955, a total of 11 samples of ice cream was submitted for analysis by Sampling Officers of the County Council, and all proved genuine.

Tuberculous Milk.—The County Council are responsible for the enforcement of Section 8 of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, which prohibits the sale for human consumption of milk known to have been obtained from cows suffering from tuberculosis. The herds from which positive samples are obtained are examined by the Veterinary Staff of the Ministry of Agriculture, Fisheries and Food, and the diseased animals are dealt with under the Tuberculosis Order. The District Medical Officers of Health concerned are also informed of all positive samples to enable action to be taken under the Milk and Dairies Regulations and conditions placed on the sale of such milk for human consumption.

Notifications from other Authorities.—When notification is received from the Medical Officer of Health of a neighbouring County that, as a result of biological sampling, the presence of living tubercle bacilli has been ascertained in milk produced in this County, the herd involved is similarly investigated.

During 1955, investigations were made in respect of 9 undesignated herds and in consequence 13 cows were dealt with under the Tuberculosis Order.

Sampling of Public and other Supplies.—Samples of milk for biological examination for tubercle bacilli are obtained by Sampling Officers of the County Council from sources and at intervals as under:—

Retailed directly to the public	..	..	Quarterly
Consigned wholesale to Creameries	..	..	As occasion permits
Supplied to County Welfare Homes	..	..	Quarterly
Supplied to Schools	..	..	Quarterly
Produced at Hospital Dairy Farms	..	..	Quarterly

Samples taken for Biological examination during 1955

Source	Grade	Samples			Cows dealt with under Tuberculosis Order
		Total	Positive	Negative	
Retail supplies	Undesignated ..	130	3	127	3
Wholesale supplies ..	Undesignated ..	395	9	386	6
County Welfare Homes	Tuberculin Tested ..	13	1	12	1
Hospital Dairy Farms ..	Tuberculin Tested ..	3	—	3	—
School supplies	Tuberculin Tested ..	57	—	57	—
“ “ ..	Undesignated ..	1	—	1	—
	TOTAL ..	599	13	586	10

Milk in Schools Scheme.—Approval of milk supplied to schools is normally restricted to that designated either as “Pasteurised” or “Tuberculin Tested” and the following are particulars of the numbers of School Departments in the County receiving liquid milk and of the grades of milk supplied at the end of 1955:—

Grade of Milk	Departments
Pasteurised	296
Tuberculin Tested ..	36
TOTAL ..	332

On 28th September, 1955, a census was taken which showed that, at that time, 78.3 per cent of the pupils in attendance at maintained schools in the County received liquid milk under the Milk in Schools Scheme.

Examination of School Milk Supplies.—Samples of all school milk supplies are examined at least once a quarter. Methylene Blue Colour tests to determine the keeping quality of the milk and, in the case of “Pasteurised” milk, Phosphatase tests to determine whether the milk has been properly processed, are carried out on each milk and the following table summarises the results of the examination of samples taken during 1955:—

Examination of School Milk Supplies

Grade	Samples taken	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory	Void	Satisfactory	Unsatisfactory
Tuberculin Tested ..	84	73	11	—	—	—
Pasteurised	333	304	9	20*	332	1
Undesignated ..	2	2	—	—	—	—
TOTALS ..	419	379	20	20	332	1

*These samples were declared “void” because the atmospheric shade temperature exceeded 65°F. when the tests were made.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949—1953.—With the coming into operation on 1st October, 1949, of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, the County Council, as Food and Drugs Authority for the County (other than the Borough of Shrewsbury, which is an independent authority for the purposes of the Food and Drugs Act), became responsible for the licensing of premises used for the pasteurisation and sterilisation of milk, a function which, in so far as it relates to pasteurising establishments, had before that date been exercised by the District Councils.

Sterilised Milk.—No licences for the sterilisation of milk have yet been issued in respect of premises in this County.

Pasteurised Milk.—On 1st January, 1955, licences in respect of nine pasteurising establishments were renewed by the County Council. During the year, one application for a licence authorising the pasteurisation of milk was received and after inspection of the establishment concerned by the County Sanitary Officers, this licence was granted and at the end of the year ten licences were in force.

All such establishments are inspected regularly by the County Sanitary Officers, and the equipment and methods of production checked.

Samples of milk are also obtained and submitted for the statutory methylene blue colour and phosphatase tests which determine respectively the keeping quality of the milk and whether heat treatment has been properly carried out, or whether, after such treatment, the milk has been “contaminated” by the addition of raw milk.

In the case of those establishments at which the milk is bottled, tests for sterility are carried out each quarter, bottles being obtained direct from the bottle-washing machines and sent to the Public Health Laboratory for examination.

Particulars are given in the table below of the results of examination of milk samples obtained during 1955 from pasteurising establishments licensed by the County Council:—

Licensed Establishments at 31st December	Samples	Methylene Blue Test				Phosphatase Test	
		Satisfactory	Unsatisfactory	Void	Not carried out	Satisfactory	Unsatisfactory
10	309	295	1	6*	7	306	3

*These samples were declared “void” because the atmospheric shade temperature exceeded 65°F. when the tests were made.

SANITARY CIRCUMSTANCES OF THE COUNTY

HOUSING

Housing Acts, 1936 to 1952—Contributions paid to District Councils.—Under the provisions of these Acts, the County Council are required to make annual contributions to District Councils in respect of houses provided as accommodation for members of the agricultural population and also in respect of other houses provided by a District Council where the rents are substantially lower than the average and the provision of such accommodation is likely to place an undue financial burden upon the District. The contributions vary from £1 per annum for each house for 40 years to £2 10s. 0d. per annum for each house for 60 years and the following are the particulars of County Council contributions made up to the end of 1955:—

Grants paid by the County Council up to 31st December, 1955, under the Housing Acts, 1936—52

District	Houses eligible for Grants	Grants	
		Paid in 1955	Total
		£	£
Atcham Rural	163	243	1,818
Bridgnorth Rural	78	149	882
Clun Rural	107	159	1,344
Dawley Urban	328	682	2,060
Drayton Rural	83	108	1,116
Ellesmere Rural	135	190	1,726
Ludlow Rural	44	86	454
Oswestry Rural	52	73	720
Shifnal Rural	20	30	228
Wellington Rural	82	112	1,185
Wem Rural	48	83	383
Wenlock Borough	12	39	180
TOTAL	1,152	1,954	12,096

COUNTY DISTRICTS—SANITARY CIRCUMSTANCES

In accordance with the decision of the Public Health and Housing Committee in December, 1943, that fuller information regarding the sanitary circumstances in the various County Districts, and in the County as a whole, should be made available to them, the District Medical Officers of Health are requested annually to complete questionnaires relating to Water Supplies, Sewerage, Refuse Collection and Housing. The information supplied by the District Medical Officers of Health relative to the year 1955 has been summarised, in respect of Water and Sewerage, Housing and Refuse Collection on pages 61 to 64.

Water and Sewerage—Summary of Answers to Questionnaires

Medical Officer and District	Houses in District	WATER SUPPLIES			SEWAGE DISPOSAL			
		Public Mains— Piped and Stand Pipe Supplies	Private Systems— Piped and Stand Pipe Supplies	Other Supplies (Wells, Streams, Pumps, etc.)	Connected to Public Sewers	Connected to satisfactory private disposal works	Using chemical, pail or earth closets with satisfactory disposal	Without satisfactory means of disposal
Dr. Howard								
Ellesmere Urban ..	740	740	Nil	Nil	721	19	Nil	Nil
Ellesmere Rural ..	2,116	853	780	483	251	—	972	—
Wem Urban ..	819	816	3	Nil	724	30	59†	6
Wem Rural ..	3,170*	381	603	2,186	Nil	—	—	—
Whitchurch Urban ..	2,255	2,167	—	—	—	—	118	—
Dr. McArthur								
Oswestry Borough ..	3,563	3,539	13	11	3,511	40	—	—
Oswestry Rural ..	5,222	3,190	77	1,955*	1,897	1,425*	12	1,552
Dr. Gregory								
Atcham Rural ..	6,164	3,580	—	—	678*	—	—	—
Bishop's Castle Borough ..	432	413	4	15	401	5	26	Nil
Church Stretton Urban ..	908	807	40	61*	703	55	150	Nil
Clun Rural ..	3,077	1,582	—	—	—	—	—	—
Ludlow Borough ..	2,018	2,017	Nil	1	1,966	26	26	Nil
Ludlow Rural ..	4,237	1,820	—	—	530*	600*	—	—
Wenlock Borough ..	4,703	—	—	—	—	—	—	—
Dr. Turnbull								
Bridgnorth Borough ..	2,157	2,148	9	Nil	2,072	45	40	Nil
Bridgnorth Rural ..	3,959	1,555	125	—	618	400	2,941	—
Dr. Stewart								
Dawley Urban ..	2,615	2,592	Nil	23	1,298	225	—	—
Drayton Rural ..	2,537	1,085	183	1,269	368	713	1,092	—
Market Drayton Urban ..	1,843	1,820	3	20	1,726	45	37	35
Newport Urban ..	1,232	1,231	1	Nil	1,209	1	22	Nil
Oakengates Urban ..	3,727	3,727	Nil	Nil	3,250	6	471	Nil
Shifnal Rural ..	3,257	2,539	270	—	1,977	470	—	810
Wellington Urban ..	3,882	3,881	Nil	1	3,845	7	28	2
Wellington Rural ..	6,538	5,138	178	—	4,015	65	—	—
Dr. Mackenzie								
Shrewsbury Borough ..	14,199	14,157*	Nil	42	13,830	234	135	Nil

* Approximate or estimated figures

† Some of these houses are connected to the public sewer for drainage purposes other than water closets

— Figures not available

Housing—Summary of Answers to Questionnaires

Medical Officer and District	Population (Mid 1955 est.)	Houses in District	Fit for habitation	In need of minor repairs	In need of recon- ditioning	Requiring demolition	To replace those requiring demolition and relieve over- crowding	De- molished during year	Converted into flats	For which improve- ment grants made	Houses erected during year		Houses under construction at end of year		Houses constructed since 1945		Applicants on Housing List at end of year
											Council	Private	Council	Private	Council	Private	
Dr. Howard																	
Ellesmere Urban ..	2,280	740	711	Nil	7	22	40*	Nil	Nil	2	Nil	1	Nil	Nil	141	30	40*
Ellesmere Rural ..	9,500	2,116	980	476	450	210	300*	Nil	Nil	27	6	8	10	5	168	71	271
Wem Urban ..	2,370	819	519	200*	50	50	50	Nil	Nil	2	Nil	Nil	38	2	132	18	110
Wem Rural ..	12,530	3,170*	2,070	500*	300	300	300	Nil	Nil	11	8	13	60	27	192	57	no list kept
Whitchurch Urban ..	6,920	2,255	—	—	—	121	—	4	2	8	55	9	48	2	316	51	187
Dr. McArthur																	
Oswestry Borough ..	10,960	3,563	2,158*	—	1,068*	337	350	2	Nil	2	76	9	48†	2	448	58	421
Oswestry Rural ..	20,610	5,222	2,689	975*	1,130	428	500	8	Nil	25	72	58	74	6	683	—	501
Dr. Gregory																	
Atcham Rural ..	21,400	6,164	—	—	—	208	—	3	Nil	116	76	57	106	64	561	229	858
Bishop's Castle Borough ..	1,280	432	232	100	60	40	40	Nil	Nil	1	Nil	Nil	Nil	Nil	32	3	17
Church Stretton Urban ..	2,770	908	855	30	4	19	13	Nil	Nil	3	Nil	10	Nil	5	90	86	46
Clun Rural ..	9,320	3,077	—	—	—	—	—	Nil	Nil	27	2	11	Nil	10	162	41	127
Ludlow Borough ..	6,500	2,018	1,527	145	96	250	350*	1	Nil	8	Nil	7	29	5	234	59	376
Ludlow Rural ..	13,760	4,237	—	—	—	65	—	1	Nil	44	30	21	24	8	266	122	217
Wenlock Borough ..	15,080	4,703	—	—	—	—	—	2	Nil	12	Nil	5	7	10	603	—	485
Dr. Turnbull																	
Bridgnorth Borough ..	6,320	2,157	1,838	—	149	170	200	4	Nil	8	22	11	28	10	376	83	241
Bridgnorth Rural ..	16,100	3,959	2,061	952	673	273	307	Nil	Nil	15	33	17	36	20	292	101	233
Dr. Stewart																	
Dawley Urban ..	8,430	2,615	1,221	—	906	488	600*	4	Nil	4	140	5	26	5	440	47	252
Drayton Rural ..	12,050	2,537	620	1,003	760	154	117	4	Nil	31	6	5	26	5	70	51	124
Market Drayton Urban ..	5,700	1,843	1,322	342	90	89	178	5	3	5	22	22	35	5	171	53	153
Newport Urban ..	3,870	1,232	1,145	3	Nil	84	84	1	Nil	Nil	Nil	5	40	2	218	32	202
Oakengates Urban ..	11,210	3,727	2,474	120	500	633	802	12	Nil	Nil	94	8	66	8	716	56	1,154
Shifnal Rural ..	14,350	3,257	1,742	741	659	115	115	7	1	38	61	33	61	36	410	174	503
Wellington Urban ..	13,010	3,882	3,294	145	299	144	194	Nil	Nil	11	154	51	75	47	921	927	927
Wellington Rural ..	24,380	6,538	4,418*	750*	900*	470	500	14	Nil	53	191	23	166	53	918	161	1,182
Dr. Mackenzie																	
Shrewsbury Borough ..	46,800	14,199	—	—	—	840	—	10	4	29	166	142	115	101	1,799	709	1,480

*Estimated or approximate figures

—Figures not available

†Includes 8 police houses

Unfit Houses

ACTION TAKEN	Atcham R.	Bishop's Castle B.	Bridgnorth B.	Bridgnorth R.	Church Stretton U.	Clun R.	Dawley U.	Drayton R.	Ellesmere U.	Ellesmere R.	Ludlow B.	Ludlow R.	Market Drayton U.	Newport U.	Oakenfates U.	Oswestry B.	Oswestry R.	Shifnal R.	Shrewsbury B.	Wellington U.	Wellington R.	Wem U.	Wem R.	Wenlock B.	Whitchurch U.
<i>Demolition and Closing Orders:</i>																									
Houses demolished as a result of formal or informal action under the Housing Act, 1936	3	—	4	—	—	—	4	4	—	—	—	1	—	1	12	2	8	7	10	—	10	—	—	2	5
Houses closed in pursuance of an undertaking given by owner	2	—	—	1	—	2	—	1	—	3	—	30	1	—	—	1	—	7	2	—	—	—	—	—	1
Parts of building closed	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Closing Orders made under Housing Act, 1949	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Closing Orders made under Local Government Act, 1953	—	—	4	—	—	—	19	—	—	—	—	4	—	—	—	6	—	10	—	—	—	—	—	3	9
<i>Repairs:</i>																									
Number of unfit or defective houses rendered fit by informal action under the Public Health or Housing Acts	66	—	5	13	4	4	28	218	165	22	10	12	12	6	129	50	32	30	96	79	142	8	15	58	15
Number of houses where defects were remedied after service of formal notices under Public Health Acts:																									
(a) by owners	—	—	—	1	—	—	2	—	—	—	—	—	—	—	2	7	3	—	—	37	—	—	—	5	19
(b) by local authorities	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	7
Number of houses made fit after service of formal notices under the Housing Act, 1936:																									
(a) by owners	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
(b) by local authorities	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Houses reconstructed, enlarged or improved and Demolition Orders revoked under Housing Repairs and Rents Act, 1954	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	—	—	—	—	4
<i>Unfit houses in temporary use:</i>																									
Houses licensed for temporary occupation under Housing Repairs and Rents Act, 1954	—	—	6	—	—	—	—	—	—	—	—	—	—	7	—	—	—	—	3	—	—	—	—	—	—
<i>Purchase of houses by agreement:</i>																									
Houses purchased in Clearance Areas (other than those included in confirmed Clearance Orders or Compulsory Purchase Orders)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	10	—	—	—	—	1

Refuse Collection and Disposal

District	Parishes where refuse is		Frequency of Collection	Method of Collection	Method of Disposal
	Collected	Not Collected			
Atcham R. . .	All	—	Fortnightly	Direct Labour	Controlled Tipping
Bishop's Castle B. . .	All	—	Weekly	Contract	Tipping
Bridgnorth B. . .	All	—	Weekly	Direct Labour	Controlled Tipping
Bridgnorth R. . .	All	—	Fortnightly	Ditto	Semi-controlled Tipping
Church Stretton U. . .	All	—	Weekly	Ditto	Tipping
Clun R.	5	19	7 to 14 days	Contract	Controlled Tipping
Dawley U.	All	—	Weekly	Direct Labour	Tipping
Drayton R.	All	—	14 —17 days	Ditto	Controlled Tipping
Ellesmere U.	All	—	Weekly	Contract	Tipping
Ellesmere R.	All	—	Fortnightly	Direct Labour	Ditto
Ludlow B.	All	—	Weekly	Ditto	Controlled Tipping
Ludlow R.	All	—	10 days to 5 weeks	Ditto	Tipping
Market Drayton U. . .	All	—	Weekly	Ditto	Controlled Tipping
Newport U.	All	—	Weekly	Ditto	Ditto
Oakengates U.	All	—	Weekly	Ditto	Ditto
Oswestry B.	All	—	Weekly	Ditto	Ditto
Oswestry R.	11	2	75% weekly 25% fortnightly—monthly	Ditto	Ditto
Shifnal R.	All	—	7—14 days	Ditto	Semi-controlled Tipping
Shrewsbury B.	All	—	Weekly	Ditto	Controlled Tipping
Wellington U.	All	—	Weekly	Ditto	Ditto
Wellington R.	All	—	Fortnightly	Ditto	Semi-controlled Tipping
Wem U.	All	—	Weekly	Ditto	Controlled Tipping
Wem R.	All	—	Monthly	Contract	Ditto
Wenlock B.	All	—	7—21 days	Direct Labour	Ditto
Whitchurch U.	All	—	Weekly	Ditto	Ditto

WATER SUPPLIES

Public Health Act, 1936.—The table on page 66 gives particulars of the grants which have been *paid or promised* by the County Council under Section 307 of the Public Health Act, 1936.

It will be noted that, up to the end of 1955, the actual or estimated cost of these schemes, amounted to £146,014 and that the grants promised by the County Council amounted to a possible total of £48,123.

In July, 1953, the County Council adopted a report which recommended that only in very exceptional circumstances would there be need for County Council aid towards the cost of urban water supply schemes.

The following table gives particulars of the only water supply scheme submitted for grant purposes under the Public Health Act by District Councils up to the end of 1955, and upon which the County Council by the end of that year, *had made no decision* in the matter of grant:—

District	Description of Scheme	Estimated Cost
Newport U. . .	For the augmentation of existing water supply and reservoir facilities . .	£ 29,400

Rural Water Supplies and Sewerage Acts, 1944 to 1955.—Under these Acts, a sum of £75,000,000 has been placed at the disposal of the Minister of Housing and Local Government to assist Local Authorities in the provision or improvement of water supplies and sewage disposal facilities in rural areas.

Where the Minister undertakes to make contributions under these Acts towards the cost of schemes of Local Authorities, the County Council, by Section 2 of the Act of 1944, are also required to contribute.

On 29th March, 1955, the Rural Water Supplies and Sewerage Act, 1955, came into operation; this Act now provides for Exchequer contributions towards the cost of the provision or improvement of water supplies and sewerage facilities in rural localities to be made either by way of a lump sum or by periodical payments instead of by lump sum only as, with certain exceptions, the 1944 Act required. Exchequer grants will now normally be paid over a period of 30 years in half-yearly instalments, except in cases where the grant does not exceed £2,000 and where a scheme is carried out by a water undertaking other than the local authority and that authority guarantees a minimum income for a period of years; in the latter case the half-yearly payments will be made over a period equal to that of the guarantee. In cases where an undertaking to pay a lump sum grant was given before the 1955 Act came into force, equivalent periodical payments will normally be substituted for any amount not claimed by that date, unless the amount remaining to be paid is less than £2,000, when it will still be paid as a lump sum.

Particulars of grants in respect of water supply schemes, which were *paid or promised* by the County Council under these Acts up to the end of 1955, are given in the table on page 67.

Note: Particulars of water supply schemes in respect of which applications for grants were received from District Councils up to the end of 1955, but upon which the County Council *had made no decision*, are given in the tables on pages 68 to 70.

SEWERAGE AND SEWAGE DISPOSAL

Public Health Act, 1936.—Under Section 307 of the Public Health Act, 1936, the County Council have a discretionary power to make grants towards the cost of urban water and sewerage schemes, and in July, 1953, the County Council adopted a general principle of assisting urban authorities by way of a lump sum grant towards the capital cost of urban sewerage and sewage disposal schemes (other than housing estate sewerage) of substantial size in relation to the size of the authority concerned.

Particulars of grants which have already been paid or promised by the County Council to District Councils under Section 307 of the Public Health Act, 1936, are given in the table on page 70.

The tabular statement below gives particulars of sewage disposal schemes submitted for grant purposes by District Councils upon which the County Council, at the end of 1955, *had made no decision* in the matter of grant:—

District	Description of Scheme	Estimated Cost
Bishop's Castle B.	Improvement and extension of existing sewage disposal facilities ..	£ 7,500
Oakengates U. ..	Priority portions of a comprehensive scheme for the re-sewering of the Urban District and the construction of new sewage disposal works ..	41,000
Wem U.	The second portion of a scheme to improve the sewerage and sewage disposal facilities in Wem	13,150
Whitchurch U. ..	Stages 1 and 2 of a scheme to improve and extend existing sewage disposal facilities	82,050

Rural Water Supplies and Sewerage Acts, 1944 to 1955.—By the end of 1955, grants under these Acts had been *paid or promised* by the County Council in respect of eight sewage disposal schemes, particulars of which are contained in the following table:—

Rural District	Scheme	Scope of Scheme		Esti- mated Capital Cost	Exchequer Contribution			County Council Grant			
		Proper- ties	Inhab- itants		Lump Sum	Half- yearly Payment	Period (years)	Annual Maxi- mum	Period (years)	Total Maximum	Paid to 31st Dec., 1955
Atcham ..	Cross Houses	123	580	£ 17,590	£ 8,750	—	—	£ 393	30	£ 11,790	£ 1,741
Drayton ..	Hodnet ..	124	1,521	14,220	2,400	—	—	152	30	4,560	609
Ludlow ..	Ashford	58	170	11,700	—	200 p.a.	30	256	30	7,680	—
	Carbonell										
	Cleobury	285	1,140	32,000	14,000	—	—	288	30	8,640	1,386
Oswestry ..	Mortimer ..										
	Morda ..	138	680	16,763	3,500	—	—	220	30	6,600	—
	Weston Rhyn and Chirk ..	427	1,416	50,926	18,000	—	—	122	30	3,660	—
Wellington	Edgmond ..	219	1,136	62,700	—	684	30	983	30	29,490	—
	High Ercall ..	78	Not known	10,623	6,500	—	—	242	30	7,260	242
				£216,522				£2,656		£79,680	£3,978

Particulars of sewage disposal schemes, submitted by District Councils for grant purposes under these Acts, but upon which the County Council, by the end of 1955, *had made no decision* in the matter of grant, are given in the table on page 71, from which it will be observed that the capital cost of these schemes amounted to a total of £507,554.

Public Health Act, 1936

Water Supply Schemes—Grants paid or promised by the County Council

District	Scheme	Approved by C.C.	Scope of Scheme		Estimated Cost	Ministry Grant	Loan		Annual Charges		County Council Grant		
			Houses	Inhabitants			Authorised	Period (Years)	Loan	Main- tenance	Basis	Maximum	Paid to 31 Dec. 55
Atcham Rural	Pimhill	4/5/35	288	1,152	£ 16,300	£ 2,500	£ {14,820 1,480 57,297}	30 } 15 }	£ 858	£ 698	50% annual deficit	£ 6,675	£ 3,793
	West Atcham	2/5/36	1,876	7,596	75,100	15,000	57,297	30	4,285	700	"	24,000	12,890
Bridgnorth Rural	Stottesdon	6/11/37	28	100	2,660	250 }	3,100	30	{ 153	50	Block Grant	250	250
	Kinlet ..	6/11/37	27	100	1,350	150 }			{ 48	30	"	150	150
Clun Rural	Bucknell	27/7/35	72	280	2,915	200	—	25	169	20	50% annual deficit	885	99
	Worthen and Brockton	1/5/37	88	350	4,500	400	5,100	30	225	—	"	1,245	697
Drayton Rural	Kempton	1/2/36	31	110	2,200	250	1,650	30	—	—	Block Grant	300	300
	Woore	3/11/34	137	524	4,080	—	{3,655 425}	30 } 25 }	189	378	50% annual deficit	885	465
Ludlow Rural	Hodnet	4/5/35	118	400	3,887 (Actual)	450	—	—	—	—	Block Grant	900	900
	Ightfield	7/11/36	119	468	6,550	75	6,475	30	—	—	50% annual deficit	3,179	1,015
Oswestry Rural	Norton-in-Hales	24/7/37	67	200	1,970	—	1,505	30	106	127	"	1,656	541
	Clee Hill	6/11/37	511	1,930	5,516	—	5,516	30	317	108	33½% annual deficit	1,837	799
	Weston Rhyn	2/2/35	—	—	900	150	750	30	58	—	Block Grant	150	150
	Llanymynech	2/11/35	93	372	8,500	1,850	—	—	—	—	"	1,850	1,850
	Nantmawr	7/11/36	27	108	1,268	—	1,160	30	68	5	50% annual deficit	639	298
	Gronwen	7/11/36	10	40	437	—	373	30	23	2	"	225	51
	Llynclys	7/11/36	24	96	783	—	746	30	14	5	"	415	153
	Selattyn (Extension)	7/11/36	1,186	4,744	1,748	—	1,748	30	92	277	"	2,032	948
Wellington Rural	Edgmond	2/11/35	200	800	5,350	850	—	—	—	—	Block Grant	850	850
					£146,014							£48,123	£26,199

Rural Water Supplies and Sewerage Acts, 1944 to 1955

Water Supply Schemes—Grants paid or promised by the County Council

Authority	Scheme	Approved	Scope of Scheme		Estimated Capital Cost	Exchequer Grant			County Council Grant			
			Properties	Inhabitants		Lump Sum	Half-yearly Payments	Period (years)	Annual Maximum	Period payable (years)	Total Maximum	Paid to 31st Dec., 1955
Atcham Rural ..	West Atcham and Pimhill (Extension)	May, 47	2,209	11,444	£ 138,402	£ 58,000	£ —	—	£ 3,047	30	£ 91,410	£ 13,044
Bridgnorth Rural	Broughton ..	May, 53	16	Not known	1,844	600	—	—	83	12	996	332
	Claverley ..	May, 47	243	972	14,040	1,500	—	—	187	12	2,250	1,312
	Low Level Areas*	Mar. 54	2,340	8,000	353,000	70,000	2,014	30	10,525	30	315,750	7,192
	Long Common ..	Mar. 54	11	Not known	1,850	300	—	—	49	12	588	—
	Worfield ..	May 53	130	Not known	13,650	2,500	—	—	420	12	5,040	1,820
Clun Rural ..	Clungunford and Aston-on-Clun ..	Jan. 47 Nov. 54	127	Not known	21,168	4,000	—	—	205	30	6,150	1,230
Drayton Rural ..	Hodnet, Ightfield and Moreton Say ..	Nov. 54	369	Not known	38,320	4,750	137	30	679	30	20,370	—
East Shropshire Water Board	Aston ..	Mar. 52	26	103	3,700	800	—	—	38	30	1,140	—
	Kinnersley ..	Sept. 52	50	145	3,621	2,000	—	—	71	30	2,130	—
	Tibberton ..	Nov. 54	118	Not known	12,530	—	144	30	164	30	4,920	—
Ludlow Rural ..	Clee Hill (Hill Top) ..	Dec. 50	16	Not known	2,270	1,200	—	—	60 } 26 }	20 10	1,200 } 260 }	—
	Coreley ..	Sept. 50	19	Not known	4,260	650	—	—	58	30	1,740	—
	Craven Arms ..	Sept. 50	63	Not known	6,480	600	—	—	79	30	2,370	—
	Little Isle and Studley ..	Sept. 50	27	81	2,641	550	—	—	40	30	1,200	—
	Little Stretton and Marshbrook	Mar. 51	23	62	4,780	1,900	—	—	121	30	3,630	—
Oswestry Rural	Rushbury ..	April 55	60	Not known	14,238	—	130	30	310	30	9,300	—
	Ticklerton ..	April 55	19	38	4,209	700	—	—	60	30	1,800	—
	Comprehensive Scheme (Priority Portion)	Nov. 54	2,174	Not known	133,248	36,000	116	30	2,499	30	74,970	2,499
					£774,251						£547,214	£27,429

*This Scheme incorporates the Alveley, Button Bridge, Highley and Alveley and Neen Savage Water Supply Schemes, in respect of which the County Council had promised grants totalling £839 for 30 years.

Rural Water Supplies and Sewerage Acts, 1954 to 1955

Water Supply Schemes submitted up to the end of 1955, but in respect of which no decision was made in the matter of grant

Authority	Scheme	Estimated Cost	Description of Scheme
Atcham R. . .	Picklescott	£ 12,400	For renewing and extending the existing water supply to the village of Picklescott.
	West Atcham and Pimhill (extensions) . .	63,310	For nine extensions to various portions of the West Atcham and Pimhill distribution mains.
	The following scheme will eventually form part of a comprehensive scheme known as the East and South-East Atcham Scheme which is estimated to cost £151,000.		
	Buildwas	2,740	For the extension of the Harrington Water mains from Buildwas Power Station to Buildwas.
Bridgnorth R. . .	High Level Areas	340,000	For supplying the High Level Areas of the Bridgnorth and Ludlow Rural Districts.
	Astley Abbotts	7,600	For the extension of existing water supplies to the village of Astley Abbotts.
Clun R.	The following schemes will eventually form part of a comprehensive scheme known as the Clun Rural District Scheme, which is estimated to cost £162,000.		
	Chirbury, Marton and Bentlont	41,250	For the provision of a piped water supply for the parishes of Chirbury, Worthen, Shelve and Churchstoke.
	Edgton	9,200	For the provision of a piped supply for Edgton village from a local source.
	Lydham, More and Norbury	23,500	For the provision of piped supplies to the villages of Lydham, More and Norbury from local sources.
Drayton R. . .	The following schemes will eventually form part of the comprehensive scheme for the whole of the Drayton Rural District, estimated to cost £185,000.		
	Adderley and Moreton Say	37,070	For the provision of a piped water supply in the parish of Adderley and part of the parish of Moreton Say.
	Lostford	5,300	For the extension of the Hodnet, Ightfield and Moreton Say scheme to the village of Lostford.
	South-Eastern Parishes . .	136,100	For the provision of piped water supplies to the South-Eastern parishes of the Rural District.
	Stoke Park and Langley Dale	2,840	For the extension of an existing main to Stoke Park and Langley Dale.
	Wollerton	6,280	For the extension of an existing main at Hodnet to Wollerton.
East Shropshire Water Board	Arleston	1,130	For the extension to Arleston House of an existing water supply at Arleston Hill.
	Chetwynd	15,620	For the extension of piped water supplies for the parish of Chetwynd.
	Donnington	3,500	To increase the pressure in the mains on the Donnington Housing Estate.
	Gorsey Bank	6,125	For the extension of an existing water supply at Sheriffhales to the hamlets of Gorsey Bank and Cross Roads.
	High Ercall	4,533	For providing a piped water supply in the village of High Ercall.

Authority	Scheme	Estimated Cost	Description of Scheme
East Shropshire Water Board (continued)	Homer and Wig-Wig	£ 4,500	For the extension of the existing water mains in Much Wenlock to the hamlets of Homer and Wig-Wig.
	Horton, Preston and Eyton ..	8,650	For extending existing water mains to the villages of Horton, Preston and Eyton.
	Hortonwood	2,590	For the extension of a proposed water main in Horton through Hortonwood to Trench Railway Crossing.
	Little Wenlock	10,965	For the improvement and extension of a piped water supply in the village of Little Wenlock.
	Longdon-upon-Tern	7,170	For the provision of a piped water supply for the village of Longdon-upon-Tern, a portion of the parish of Rodington and several properties in the parish of Ercall Magna.
	Long Lane and Bratton	6,820	For the extension of the Wellington Urban District's mains to the hamlets of Long Lane and Bratton.
	Madeley (Beech Road)	1,990	For the extension of an existing piped water supply at Madeley to the Beech Road housing sites.
	Oakengates	35,325	For the improvement of the existing water supply in the Urban District.
	Rodington	12,060	For the extension of the existing mains in High Ercall to Rodington.
	Sutton Maddock	1,810	For the extension to Sutton Maddock of an existing supply at Lay's Corner.
	Tong Havannah	4,025	For extending the Shifnal water mains to Tong Havannah.
	Wellington Rural Parish and Dawley	(i)13,750	For connecting the Shifnal Rural District's water mains to augment the supply to the Wellington Rural Parish and Dawley.
		(ii)13,030	For improving the existing supply in the Lawley Cross Roads and Overdale Estate areas of the Wellington Rural Parish and the Dawley Bank, Heath Hill, Station Road and Horsehay areas of the Dawley Urban District.
	Woodfield	16,800	For the provision of a new rising main between Woodfield pumping station and Admaston.
Ellesmere R. ..	Ellesmere Rural District	357,600	For the provision of piped water supplies throughout the whole of the Rural District.
Ludlow R. ..	Hopton Wafers	3,670	For supplying the village of Hopton Wafers with piped water from the Elan Aqueduct.
	Western Area	476,000	For the provision of a piped water supply to a substantial part of the Ludlow Rural District.
	Western Area (Soudley Section)	65,500	For the provision of a piped water supply to the parishes of Acton Scott, Eaton-under-Heywood, Hope Bowdler, Little Stretton, Rushbury and Wistanstow (part).
	The following two schemes will eventually form part of a larger scheme known as the South-East Parishes Scheme and estimated to cost £96,400.		
	Cleobury Mortimer (East Foreign Ward)	7,300	For supplying the East Foreign Ward with a piped water supply from the Elan Aqueduct.
	Richard's Castle	9,680	For supplying the parish of Richard's Castle with a piped water supply from the Elan Aqueduct.

(Continuation of Table on Page 69)

Authority	Scheme	Estimated Cost	Description of Scheme
Oswestry R. ..	The following schemes will form part of the remaining portion of a comprehensive scheme for the whole of the Oswestry Rural District which is estimated to cost £510,000.	£	
	Melverley and Pentre ..	28,900	For the provision of a piped water supply for the villages of Melverley and Pentre.
	Trefonen	3,080	For providing the village of Trefonen with a piped water supply.
Wem R.	Wem Rural District	294,000	For the provision of piped water supplies throughout the whole of the Rural District.
Whitchurch U. ..	Whitchurch Urban District ..	66,350	For the provision of a new source of supply to replace the existing one in the Urban District.
	TOTAL ..	£2,170,063	

Public Health Act, 1936

Sewerage Schemes—Grants paid or promised by the County Council

District	Scheme	Approved by C.C.	Scope of Scheme		Estimated Cost	County Council Grant		
			Properties	Inhabitants		Basis	Amount promised	Paid
Bridgnorth M.B.	Bridgnorth ..	July, 48	2,000	7,000	£ 90,000		£ 12,400	£ 10,200
Dawley U. ..	Dawley ..	Nov., 49	1,800	6,800	76,650	20% of original cost of £62,000	22,995	9,045
Newport U. ..	Newport ..	Nov., 49	1,246	5,000	62,220	30% of cost	6,150	—
Shifnal R. ..	Albrighton ..	Nov., 44	783	2,800	13,077	15% of original cost of £41,000	3,269	3,269
Shrewsbury M.B.	Bicton Heath ..	Nov., 54	52	—	6,800	25% of cost	406	—
	Harlescott ..	Feb., 53	6	—	2,985	7% of net cost of £5,800	1,000	—
Wellington U. ..	Wellington (Stages 1 & 2)	Nov., 54	4,638	13,000	91,400	—	1,000	1,000
	Wellington (Stage 3)	April, 55			81,002	7% of cost	5,670	5,000
Wellington R. ..	Ketley and Lawley	May, 36	796	650	31,975	7% of cost	8,000	8,000
	Donnington and Muxton	Feb., 39	388	1,552	18,460	25% of cost	3,692	3,692
	Donnington and Muxton (extension)	Oct., 39	—	—	*9,000	20% of cost	1,400	1,400
	Ditto	May, 43	—	—	16,850	20% of cost	3,370	3,370
Wem U. . .	Wem (1st portion)	April, 55	106	400	26,800	10% of net cost of £23,500	2,350	1,500
Wenlock B. ..	Broseley ..	Feb., 39	540	2,200	8,800	15% of cost	1,320	1,320
	Madeley (Hill Top)	Nov., 54	213	4,938	3,330	15% of cost	500	250
					£539,349		£78,922	£48,046

*An amount of £2,000 was contributed by the War Department towards the cost of this scheme, thus reducing the capital cost to £7,000.

Rural Water Supplies and Sewerage Acts, 1944 to 1955

Sewerage Schemes submitted by District Councils up to the end of 1955, but in respect of which no decision was made
in the matter of grant

District	Scheme	Estimated Cost	Description of Scheme
Atcham R. ..	Bayston Hill	£ 46,490	For the re-sewering of the village of Bayston Hill.
Bridgnorth R. ..	Claverley	38,250	For the provision of sewerage and sewage disposal facilities for the village of Claverley.
	Highley and Woodhill	55,100	For the replacement of existing inadequate sewerage and sewage disposal facilities in Highley and Woodhill.
Church Stretton U.	All Stretton	40,220	For the provision of new sewerage and sewage disposal facilities.
Clun R.	Aston-on-Clun	15,500	For providing sewage disposal facilities in an area as yet unsewered.
	Clun Village	18,800	For the extension and improvement of existing facilities.
Drayton R. ..	Cheswardine	14,830	Adaptation and extension of existing sewerage and sewage disposal facilities.
	Woore	24,200	For the provision of sewerage and sewage disposal facilities in the parish of Woore.
Ludlow R. ..	Clee Hill	19,500	For the provision of sewerage and sewage disposal facilities in the village of Clee Hill and the hamlets of Titrail and Knowle.
	Craven Arms	28,300	For the replacement of existing inadequate sewage disposal works.
	Munslow	5,500	For the provision of sewage disposal facilities in an area as yet unsewered.
Oswestry R. ..	Pant and Llanymynech	83,000	For the provision of sewerage and sewage disposal facilities in conjunction with Llanfyllin Rural District Council.
Shifnal R. ..	Beckbury	8,320	For the provision of sewerage and sewage disposal facilities for the village of Beckbury.
	Shifnal	28,000	For the improvement of existing facilities and the construction of new sewage disposal works.
Wellington R. ..	Hadley	20,400	For the extension and modernisation of the existing sewage disposal works.
Wem R.	Ash Magna and Ash Parva	6,779	To provide sewerage and sewage disposal facilities for the villages of Ash Magna and Ash Parva.
	Prees	35,000	For the provision of sewerage and sewage disposal facilities for the district of Prees.
Wenlock B. ..	Madeley (Aqueduct)	19,365	For the provision of sewage disposal facilities in an area as yet unsewered.
	TOTAL ..	£507,554	

SAMPLING OF EFFLUENTS FROM SEWAGE DISPOSAL WORKS AND WATER COURSES IN THE COUNTY

During 1950, the sampling of effluents from sewage disposal works in the County was undertaken by Sanitary Officers of the County Council, and the results of the County Analyst's examination of these samples were notified to the District Councils concerned, and also to the Clerk of the Severn River Board.

At the beginning of April, 1951, the Severn River Board, within whose area of jurisdiction the major portion of the County is situated, established a laboratory of their own for the examination of samples of sewage effluents, and commenced a comprehensive survey of rivers within their area, including the sampling of all sewage and trade effluents. It is no longer necessary, therefore, for routine sewage samples to be obtained by County Council sampling officers, but the Severn River Board have agreed to supply the County Medical Officer of Health with copies of the analytical reports on all river water, trade and sewage effluents obtained by their sampling officers as and when they become available. In addition the following particulars have been very kindly supplied by the Pollution Prevention Officer of the Severn River Board outlining the action taken by the Board in respect of unsatisfactory samples:—

- (1) Quite a number of known unsatisfactory discharges are sampled for the purpose of acquiring evidence for submission by the Board to Inquiries held by the Ministry of Housing and Local Government into Local Authority applications for loan sanction for new sewage disposal works.
- (2) In other cases representations are made by the Board to the Local Authority concerned with a view to securing an improvement in maintenance and where a smaller Local Authority is concerned, advice is given by the Board's Officers as to the most efficient method of operation; in the majority of cases this advice is acted upon.
- (3) Where sewage works are obviously overloaded and incapable of producing a satisfactory effluent, pressure is brought to bear by the Board with a view to persuading the Local Authority concerned to enlarge existing works or to construct entirely new works, the limiting factor being, of course, the readiness of the Ministry to permit the carrying out of such schemes.
- (4) As a last resort, and after a long period of unfruitful representations, the Board can threaten a Local Authority with an application to the Minister for consent to take proceedings.

The findings of the Board's Analyst upon the samples of sewage effluents obtained in this County during 1955 are summarised in the following table:—

District	Location of Sewage Works	Date of Sampling	Observations of Analyst
ATCHAM RURAL	Leaton Camp ..	25th January	Satisfactory.
	Ford	25th January	Unsatisfactory.
	Cruckton	25th January	Unsatisfactory—the suspended solids and Biochemical Oxygen Demand excessive.
	Montford Bridge ..	25th January	Unsatisfactory.
	Pontesbury ..	23rd August	A bad effluent.
	Minsterley	14th Sept. ..	Unsatisfactory.
	Ford	27th October	Satisfactory if the dilution is adequate.
	Cross Houses ..	27th October	Satisfactory.
BRIDGNORTH RURAL	Highley (New England)	9th April ..	A dilute sewage.
	Highley (Wren's Nest)	9th April ..	A bad effluent—very heavy suspended solids.
CHURCH STRETTON URBAN	Church Stretton ..	25th January	Satisfactory.
	Ditto	25th January	A satisfactory effluent.
CLUN RURAL	Lydham	14th Sept. ..	A bad effluent.
	Clun	26th Sept. ..	Untreated sewage.
	Ditto	26th Sept. ..	Untreated sewage.
	Ditto	26th Sept. ..	Untreated sewage.
DAWLEY URBAN	Dawley	25th April ..	Unsatisfactory.
DRAYTON RURAL	Cheswardine ..	10th Feb. ..	A strong sewage showing no signs of treatment.

District	Location of Sewage Works	Date of Sampling	Observations of Analyst
ELLESMERE URBAN	New Oswestry Road	5th July ..	A bad effluent.
	Ditto	16th August	Unsatisfactory.
	Old Oswestry Road	16th August	Unsatisfactory.
	Wharf Meadow ..	16th August	Unsatisfactory on account of excessive suspended matter. The sample is unusually acid for an effluent derived from presumably domestic sewage.
ELLESMERE RURAL	Nesscliffe Camp ..	8th June ..	Unsatisfactory.
	Ditto	8th Sept. ..	The effluent is only just satisfactory and could no doubt be considerably improved if the works were properly maintained.
LUDLOW BOROUGH	Ludlow	25th January	Unsatisfactory—the treatment is inadequate.
	Ludlow	3rd August	The effluent is well purified but the suspended matter is a little high.
LUDLOW RURAL	Cleobury Mortimer	25th January	Satisfactory—a good effluent.
	Ditto	31st August	Satisfactory.
	Burford	31st August	Unsatisfactory—little better than crude sewage.
MARKET DRAYTON URBAN	Market Drayton ..	18th July ..	Borderline.
	Ditto	27th Sept. ..	Satisfactory.
OAKENGATES URBAN	Trench	12th Sept. ..	Unsatisfactory.
	Ditto	27th October	Unsatisfactory.
OSWESTRY BOROUGH	Oswestry	8th June ..	Unsatisfactory.
	Ditto	8th Sept. ..	Borderline—an improvement on previous sample.
OSWESTRY RURAL	Morda	19th March	Unsatisfactory.
	Ditto	8th June ..	Satisfactory.
	Ditto	8th Sept. ..	Borderline—the suspended matter is a little high.
	Park Hall	8th Sept. ..	A good effluent.
SHIFNAL RURAL	Shifnal	30th August	Unsatisfactory.
SHREWSBURY BOROUGH	Shrewsbury ..	23rd Feb. .. (two samples)	A partly treated sewage containing gas liquor—the strength corresponds to that of a normal domestic sewage.
	Ditto	16th June ..	Appears to be a diluted sewage.
	Ditto	16th June ..	Unsatisfactory, although there is evidence of some purification.
	Ditto	26th July ..	Unsatisfactory—a diluted sewage.
	Ditto	26th July ..	Unsatisfactory but an improvement on previous samples.
	Ditto	1st Sept. ..	Unsatisfactory.
	Ditto	1st Sept. ..	Unsatisfactory.
	Wellington ..	6th October	Unsatisfactory.
WELLINGTON URBAN	Wellington ..	6th October	Unsatisfactory.
WELLINGTON RURAL	Donnington ..	14th January	An excellent effluent.
	Lawley	14th January	The suspended solids are a little high. Their reduction would probably render the effluent satisfactory.
	Ditto	27th October	Satisfactory.
	Lilleshall	12th Sept. ..	Unsatisfactory.
	Hadley	6th October	Unsatisfactory due to Biochemical Oxygen Demand, suspended solids and iron.
	Donnington .. (Garrison Works)	27th October	Satisfactory if the dilution is adequate.
	Hortonwood ..	27th October	Unsatisfactory.

District	Location of Sewage Works	Date of Sampling	Observations of Analyst
WEM URBAN	Wem	2nd June ..	Unsatisfactory—the suspended matter is particularly high.
	Ditto	4th August	Satisfactory.
	Ditto	29th Sept. ..	Unsatisfactory—the suspended matter is too high. There is, however, a considerable improvement over previous samples.
WEM RURAL	Prees (Council houses)	6th July ..	Both the five day Biochemical Oxygen Demand and suspended solids are in excess of the Royal Commission Standard when an 8 to 1 dilution is available.
	Prees (Salopian Engineers)	6th July ..	The suspended matter is a little high but the effluent is well purified.
	R.A.F. Shawbury ..	18th July ..	A well purified effluent rendered unsatisfactory by excessive suspended matter.
	Ditto	30th August	Unsatisfactory—the suspended matter is too high.
WENLOCK BOROUGH	Madeley	25th April ..	Unsatisfactory.
	Much Wenlock ..	23rd June ..	A well oxidised effluent rendered unsatisfactory by failure to remove the suspended matter.
	Broseley (Fish Houses)	10th August	Unsatisfactory.
	Broseley	10th August	Satisfactory.
	Ironbridge (Hill Top)	16th August	Satisfactory.

CULVERTED WATER COURSES

Within recent years, there have been several instances of serious flooding in industrial areas in the eastern portion of the County, occasioned by the collapse or blocking of culverts carrying streams under pitmounds or spoilbanks.

The problem of surface water drainage in East Shropshire first became apparent in 1931 in relation to the Madeley culvert, the history of which is as follows:—

All surface and subsoil waters from the agricultural land in the southern portion of the Dawley Urban District and the whole of the parish of Madeley in the Borough of Wenlock, together with the final effluents of the Dawley and Madeley sewage disposal works, are conveyed by means of an unnamed stream, which also receives the overflow water from an adjacent disused portion of the Shropshire Union Canal. This stream flows for a distance of over one and a half miles to a culvert, some two-thirds of a mile in length, through which it passes before discharging into the River Severn. Over practically the whole length of its course the culvert is covered by an immense amount of waste material, deposited in successive layers from local mineworkings, and varying in depth from 40 to 80 feet.

In 1931 this culvert collapsed, due to the weight of the overlaying spoil material, and this resulted in very serious flooding in the Madeley area, the flood water covering some 20 to 30 acres of agricultural land, including the site of the present Madeley sewage disposal works. In order to facilitate repair work to the culvert, and to deal with the flow of the stream and flood water, the Wenlock Borough Council were compelled to pump the flood water into the adjacent disused portion of the Shropshire Union Canal.

Part of this repair work was undertaken by the owners of the culvert, a local firm of tile manufacturers, who later requested the Wenlock Borough Council to meet the cost of the work which they had carried out. The Borough Council refused to accept responsibility, and as a result were sued in the Chancery Court, where it was ruled that the culvert was a sewer and was therefore vested in the Local Authority. As a result of this decision the Wenlock Borough Council lodged an appeal in the Appeal Court, who decided that the culvert was not a sewer, thus reversing the decision of the Chancery Court. This decision was later upheld by the House of Lords, and the then owners of the culvert, being unable to meet their liabilities, went into liquidation, with the result that it reverted to the Crown, who, under a provision of the Companies Act, 1947, succeeded in disclaiming responsibility for the culvert. There is, therefore, at the present time the anomalous position that no one appears to be legally responsible for the culvert.

With a view to considering the formulation of remedial measures, and in order to assist the County Council in assessing the magnitude of the problem in East Shropshire, the County Surveyor, in April, 1950, compiled a comprehensive report describing twenty-one culverted areas, in thirteen of which a major emergency would result in the event of the culvert collapsing or being obstructed with debris. In May, 1950, the County Council therefore decided:—

- (a) that the whole question be submitted to the County Councils Association with a view to representations being made to the Central Government for the matter to be dealt with by legislation providing for adequate Exchequer aid;
- (b) that the attention of District Councils be drawn to the need for water courses to be examined by their staff with a view to requiring the landowners concerned to carry out such remedial measures as might be necessary;
- (c) that District Councils be urged to formulate, in conjunction with technical officers of the County Council, measures for dealing with any emergency which might arise in this connection;
- (d) that a special Sub-Committee of the County Council be formed to confer with the various District Councils concerned in East Shropshire; and
- (e) that the District Councils be urged to raise the matter with the Association of Municipal Corporations, the Urban District Councils Association and the Rural District Councils Association, upon the same lines as the representations submitted by the County Council to the County Councils Association.

In July, 1950, the Sub-Committee of the County Council, referred to in (d) above, conferred with representatives of the various Local Authorities in East Shropshire, and a policy based upon the decisions of the County Council was agreed.

Representations were subsequently made by the County Council to the County Councils Association, who decided that consideration of the matter be deferred pending an approach by the other Associations of Local Authorities with regard to this problem; and a Sub-Committee of the Public Health Committee of the County Councils Association was formed to discuss the matter with the other Associations concerned.

As a result of these discussions, the Associations of Local Authorities recommended that the cost of putting culverted water courses into good condition should be borne by the Central Government, and that responsibility for their subsequent maintenance should rest with the appropriate River Boards in cases where the undermentioned circumstances prevail:—

- (i) the owner of the land is unknown or cannot be found, or
- (ii) the trustee in bankruptcy has disclaimed, or
- (iii) ownership is disclaimed by the Crown.

At the same time, the Associations also considered a report of the Land Drainage Legislation Sub-Committee of the Central Advisory Water Committee, which recommended that water courses should become the responsibility of the River Boards, subject, it was suggested, to such water courses being in a reasonably good condition when taken over.

Representations were therefore made by the Associations of Local Authorities to the Minister of Housing and Local Government early in 1952, recommending that any legislation which might be promoted to give effect to the recommendations of the Land Drainage Legislation Sub-Committee should include provisions on the lines mentioned above.

In May, 1952, however, the Minister stated that detailed proposals for a Bill to amend the existing legislation relating to land drainage were still some way off but that he would be prepared, at a later date, to consider this question in connection with any legislation which might be prepared.

All the Local Authorities Associations were dissatisfied with the Minister's reply and renewed representations were made, as a result of which a meeting was held in November, 1953, with officers of the Ministry of Housing and Local Government and the Ministry of Agriculture and Fisheries. It was decided that arrangements should be made for officers of both Ministries to inspect some of the culverts in Shropshire which best illustrated the problem.

Accordingly, in February, 1954, representatives from both Ministries visited the County and were shown some of the culverts about which concern was felt.

Consequent upon this visit and the reports of the inspecting officers, the Minister of Housing and Local Government in October, 1954, stated that, whilst admitting the existence of possible dangers in several of the cases and agreeing that there were no adequate powers in existing legislation for undertaking preventive works, he did not hold out any hope of legislation in the near future to remedy the position, and suggested that the alternative appeared to be the promotion of private legislation by the local authorities concerned.

The County Council expressed disappointment at the Minister's reply and their observations were sent to the County Councils Association, who decided to invite the other Associations of Local Authorities who had participated in considering the matter originally, to discuss it further with a view to making renewed representations to the Minister.

Representatives of the Associations of Local Authorities accordingly again met Officers of the Ministry of Housing and Local Government and the Ministry of Agriculture, Fisheries and Food on 4th March, 1955, in an attempt to obtain assistance in dealing with this problem, but unfortunately without effect. The Minister repeated the assurance, however, that the general question would be considered whenever legislation touching on the recommendations of the Land Drainage Legislation Sub-Committee of the Central Advisory Water Committee is undertaken.

LOCAL GOVERNMENT ACT, 1933—SECTION 111

Medical Officers of Health of County Districts

The situation regarding these was set out at some length in the Report for 1953.

Most County Districts seem to approve in principle the idea of "mixed appointments" whereby one Medical Officer serves an area of limited size and population, both for "personal" services administered by the County Council under the National Health Service Acts and for the "environmental" services administered by the several District Councils of the area. The table on page 7 shows where the systems of "combined districts" and "mixed appointments" are now operating.

No changes took place during 1955 other than in actual personnel, but further tentative arrangements were discussed with representatives of some of the District Councils in anticipation of any changes which might make them necessary. In one area, however, served by a whole-time District Medical Officer who had reached the age for retirement, the Councils concerned decided to extend his services for a further year.

It has been made clear to all District Councils and their Officers that the County Health Department are glad to help and provide medical advice where for any reason the services of the District Medical Officer of Health are not available; and such assistance was in fact provided during 1955 in two areas where the appointment of District Medical Officer was vacant for a number of months.

The position therefore remained in 1955 as shown in the table on page 7, and as it did at the end of 1953.

TABLE I
Population, Acreage and Density of Population in the
various Districts of Shropshire in 1955 (mid-year)

Districts						Population (estimated mid-1955)	Acreage (inclusive of water)	Persons per acre
URBAN								
Bishop's Castle Borough	..	..	..	..	..	1,280	1,867	0.69
Bridgnorth Borough	..	..	..	..	..	6,320	2,645	2.39
Church Stretton Urban	..	..	..	..	..	2,770	6,198	0.45
Dawley Urban	..	..	..	..	..	8,430	3,259	2.59
Ellesmere Urban	..	..	..	..	..	2,280	1,220	1.87
Ludlow Borough	..	..	..	..	..	6,500	1,068	6.09
Market Drayton Urban	..	..	..	..	..	5,700	1,216	4.69
Newport Urban	..	..	..	..	..	3,870	768	5.04
Oakengates Urban	..	..	..	..	..	11,210	2,396	4.68
Oswestry Borough	..	..	..	..	..	10,960	2,173	5.04
Shrewsbury Borough	..	..	..	..	..	46,800	8,118	5.76
Wellington Urban	..	..	..	..	..	13,010	2,281	5.70
Wem Urban	..	..	..	..	..	2,370	903	2.62
Wenlock Borough	..	..	..	..	..	15,080	22,657	0.67
Whitchurch Urban	..	..	..	..	..	6,920	6,053	1.14
TOTAL—Urban Districts	..	..	..	..	..	143,500	62,822	2.28
RURAL								
Atcham	..	..	..	..	..	21,400	134,490	0.16
Bridgnorth	..	..	..	..	..	16,100	100,897	0.16
Clun	..	..	..	..	..	9,320	132,512	0.07
Drayton	..	..	..	..	..	12,050	54,058	0.22
Ellesmere	..	..	..	..	..	9,500	48,253	0.20
Ludlow	..	..	..	..	..	13,760	112,823	0.12
Oswestry	..	..	..	..	..	20,610	61,524	0.33
Shifnal	..	..	..	..	..	14,350	39,562	0.36
Wellington	..	..	..	..	..	24,380	54,516	0.45
Wem	..	..	..	..	..	12,530	60,343	0.21
TOTAL—Rural Districts	..	..	..	..	..	154,000	798,978	0.19
ADMINISTRATIVE COUNTY						297,500	861,800	0.35

TABLE II
Deaths, Births and Infantile Mortality in Shropshire in the year 1955

DISTRICTS	DEATHS		BIRTHS					INFANTILE MORTALITY					
	Deaths at all ages	Deaths per 1,000 of Population	Comparable Death-rate	Legitimate	Illegitimate	Total	Births per 1,000 of Population	Comparable Birth-rate	Stillbirths	Legitimate	Illegitimate	Total	Deaths of Infants under 1 year, per 1,000 live births
URBAN													
Bishop's Castle Borough	55	42.97	23.20	10	1	11	8.59	9.79	1	—	—	—	—
Bridgnorth Borough	95	15.03	12.47	112	4	116	18.35	18.35	2	2	—	2	17.24
Church Stretton Urban	49	17.69	11.14	29	—	29	10.47	12.25	1	1	—	1	34.48
Dawley Urban	75	8.89	9.60	135	11	146	17.32	17.49	5	2	—	2	13.69
Ellesmere Urban	26	11.40	9.12	36	2	38	16.66	16.82	—	1	—	1	26.31
Ludlow Borough	84	12.92	10.08	84	5	89	13.69	13.69	—	3	—	3	33.70
Market Drayton Urban	66	11.58	9.72	77	4	81	14.21	14.77	3	2	1	3	37.03
Newport Urban	40	10.33	9.50	55	4	59	15.24	15.69	1	1	—	1	16.94
Oakengates Urban	132	11.77	11.77	159	10	169	15.07	15.22	3	5	—	5	29.58
Oswestry Borough	124	11.31	10.40	159	7	166	15.14	14.98	3	6	—	6	36.14
Shrewsbury Borough	516	11.02	10.80	665	31	696	14.87	14.42	15	15	2	17	24.42
Wellington Urban	137	10.53	10.74	193	4	197	15.14	14.98	4	3	—	3	15.22
Wem Urban	29	12.23	9.90	40	—	40	16.88	18.06	2	3	—	3	75.00
Wenlock Borough	239	15.85	15.22	221	5	226	14.98	15.13	10	11	—	11	48.67
Whitchurch Urban	161	23.26	19.30	122	1	123	17.77	18.83	1	5	—	5	40.65
Aggregate	1,828	12.74	11.85	2,097	89	2,186	15.23	15.23	51	60	3	63	28.81
RURAL													
Atcham	194	9.06	8.79	313	16	329	15.37	16.90	4	8	—	8	24.31
Bridgnorth	124	7.70	9.08	222	10	232	14.41	17.86	4	4	—	4	17.24
Clun	121	12.98	11.29	140	5	145	15.55	18.03	1	3	—	3	20.68
Drayton	86	7.13	8.77	167	6	173	14.35	17.65	10	4	—	4	23.12
Ellesmere	67	7.05	8.39	120	2	122	12.84	16.69	2	2	—	2	16.39
Ludlow	146	10.61	9.23	206	9	215	15.62	18.12	5	7	—	7	32.55
Oswestry	282	13.68	14.64	268	5	273	13.24	15.62	7	4	—	4	14.65
Shifnal	138	9.61	12.68	164	12	176	12.26	13.85	8	2	—	2	11.36
Wellington	219	8.98	10.59	341	18	359	14.72	15.60	11	8	—	8	22.28
Wem	111	8.86	8.86	184	4	188	15.00	16.20	4	6	—	6	31.91
Aggregate	1,488	9.66	10.33	2,125	87	2,212	14.36	16.51	56	48	—	48	21.69
ADMINISTRATIVE COUNTY	3,316	11.14	11.14	4,222	176	4,398	14.78	15.81	107	108	3	111	25.23

TABLE III

Registrar General's Statistics

Causes of Death in Shropshire during 1955

DISTRICTS	Tuberculosis—respiratory	Tuberculosis—other	Syphilitic disease	Diphtheria	Whooping Cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant Neoplasm					Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth and abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	ALL CAUSES																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
										Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
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TABLE IV

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TABLE V
Return of Cases of Notifiable Diseases during 1955

SANITARY DISTRICT	Scarlet Fever	Whooping Cough	Dysentery	Measles	Acute Pneumonia	Meningococcal Infection	Acute Poliomyelitis (Paralytic)	Acute Poliomyelitis (Non-Paralytic)	Ophthalmia Neonatorum	Puerperal Pyrexia	Paratyphoid	Typhoid	Erysipelas	Food Poisoning	†Tuberculosis (Respiratory)	†Tuberculosis (C.N.S. and Meninges)	†Tuberculosis (Other)	Acute Encephalitis (Infective)	Acute Encephalitis (Post Infectious)	Malaria
URBAN AND BOROUGH:																				
Bishop's Castle ..	—	44	—	13	4	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Bridgnorth ..	2	4	—	5	1	—	1	—	—	1	—	—	—	—	4	—	1	—	—	—
Church Stretton ..	1	—	7	92	31	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Dawley ..	4	10	1	350	12	—	—	—	—	—	—	—	—	—	3	—	1	—	—	—
Ellesmere ..	—	—	—	35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ludlow ..	—	78	—	101	4	—	—	—	—	—	—	1	1	2	3	—	—	—	—	—
Market Drayton ..	—	—	—	161	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—
Newport ..	6	34	—	43	3	—	—	—	2	—	—	—	—	—	4	—	—	—	—	—
Oakengates ..	3	9	—	100	7	—	1	—	—	1	—	—	—	—	9	2	1	—	1	—
Oswestry ..	—	56	—	215	14	—	—	—	—	1	—	—	—	8	3	1	—	—	—	—
Shrewsbury ..	15	92	3	708	11	—	5	—	—	12	—	—	4	44	23	—	6	—	—	—
Wellington ..	2	15	1	321	8	—	3	1	—	—	—	—	1	4	6	—	4	—	1	—
Wem ..	4	43	—	183	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wenlock ..	1	6	1	130	10	1	—	—	—	6	—	—	3	1	24	—	1	—	—	—
Whitchurch ..	—	6	2	195	—	—	—	—	1	—	—	—	—	1	6	—	2	—	—	—
TOTAL	38	397	15	2,652	112	1	11	1	3	21	—	1	9	60	87	3	17	—	2	—
RURAL:																				
Atcham ..	11	81	2	287	36	1	1	2	—	2	—	—	—	19	13	—	3	—	—	—
Bridgnorth ..	10	8	—	59	9	—	—	—	1	2	2	—	—	4	6	—	1	—	—	—
Clun ..	13	85	—	111	2	—	—	—	—	—	—	—	2	7	4	—	—	—	—	—
Drayton ..	3	30	6	182	7	—	—	—	—	2	—	—	—	—	2	1	—	—	—	—
Ellesmere ..	2	14	—	78	4	—	—	1	—	—	—	—	—	—	2	—	2	—	—	—
Ludlow ..	3	39	21	264	7	—	—	1	—	1	—	—	—	—	5	—	4	—	—	—
Oswestry ..	7	60	—	417	11	—	1	—	—	1	—	—	2	4	8	—	3	—	—	—
Shifnal ..	4	55	4	249	41	1	—	—	—	3	—	—	—	—	12	—	—	—	—	—
Wellington ..	10	44	7	295	13	1	—	—	—	—	—	—	1	7	10	—	1	1	—	—
Wem ..	9	58	—	297	8	1	—	1	—	—	—	—	2	1	2	—	1	—	—	—
TOTAL	72	474	40	2,239	138	4	2	5	1	11	2	—	7	42	64	1	15	1	—	—
ADMINISTRATIVE COUNTY:																				
Total for 1955 ..	110	871	55	4,891	250	5	13	6	4	32	2	1	16	102	151	4	32	1	2	—
Total for 1954 ..	211	950	107	170	295	10	9	4	5	23	—	—	26	223	143	4	30	3	1	2
Increase (+) or Decrease (—) ..	—101	—79	—52	+4,721	—45	—5	+4	+2	—1	+9	+2	+1	—10	—121	+8	—	+2	—2	+1	—2

— No notifications.

† Notifications include Hospital and Service cases not ordinarily resident in the County and do not therefore compare with the numbers of new cases of Tuberculosis reported on page 14.

